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CITY AND COUNTY OF NORWICH

ANNUAL REPORT

UPON THE

HEALTHINESS OF THE CITIZENS

AND ON

THE SANITARY CONDITION

BY

The Medical Officer of Health

AND THE

Report of the School Medical Officer

TO THE

EDUCATION AUTHORITY

FOR THE YEAR

1935

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PUBLIC HEALTH SERVICES

Health Committee

Lord Mayor :
W. A. RILEY, ESQ.

Chairman :
COUNCILLOR P. E. CURL, J.P.

Vice-Chairman :
COUNCILLOR J. FLACK, M.B.

Members :

Ald. MISS M. M. CLARKSON, C.B.E., J.P.
Coun. R. P. BRAUND
,, J. BROOKSBANK
,, MISS C. M. E. CALVER, J.P.
,, T. GLOVER, C.B.E., J.P.
Coun. MRS. L. F. HANCOCK
,, L. A. HOWES
,, MISS D. JEWSON
,, H. W. PALMER
,, REV. H. PITTS
,, A. E. PUMMELL
,, H. C. SOUTHGATE
,, MRS. A. M. WITARD

The undermentioned are co-opted members for Blind Persons Welfare Business :

MR. R. C. FANTHORPE ... *Superintendent and Secretary of the Norwich Institution for the Blind.*
MR. J. BRIGHTY }
MR. G. W. H. WRIGHT } *Representatives of Blind Persons.*

Maternity & Child Welfare Committee.

Chairman :
COUNCILLOR J. FLACK, M.B.

Vice-Chairman :
COUNCILLOR P. E. CURL, J.P.

Members :

As Health Committee, with the addition of three co-opted members, viz., Mrs. F. E. M. Deacon, Dr. Violet M. Jewson, and Mrs. A. E. Kent.

PUBLIC HEALTH DEPARTMENT,
CHURCHMAN HOUSE,
68, ST. GILES' STREET,
NORWICH.

April 27th, 1936.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I beg to submit, as your Medical Officer of Health, the Annual Report for the year 1935. The order of the Report has been somewhat altered from the order suggested by the Ministry of Health.

Dr. D. M. B. Gross relinquished her appointment as Assistant Medical Officer of Health and Assistant School Medical Officer on July 29th, and Dr. J. V. Walker took up duties in a similar capacity on July 30th.

The City's Birth Rate, after its sporadic rise in 1934, has promptly resumed its downward trend. Moreover, the Registrar-General has estimated the Norwich population at 124,700, which is 1000 less than the estimated population for 1934, whereas the 1932 estimated population was 126,600, so there is a drop of 1900 in three years. The fact that the birth rate is worked out on the basis of a smaller population makes the decrease of the rate bigger than the actual figures suggest. The City Death Rate continues to be satisfactorily low, especially when the comparability figure is taken into account, our adjusted death rate being 10.46.

On the whole 1935 has been a very satisfactory year. The Infantile Mortality Rate was good, though a little higher than the 1934 rate. The Maternal Mortality Rate had a satisfactory drop and returned to our usual rate after the abnormally high figures of 1934. The incidence of and death rates from infectious diseases were very low, with the exception of the death rate from diphtheria, while the influenzal pneumonia deaths were a little higher than some years. The tuberculosis notification and deaths were very satisfactory, the total tuberculosis death number being the lowest on record, largely due to a smaller number of deaths from non-pulmonary forms of tuberculosis. A particular feature of this was the comparative absence of tuberculous meningitis. The most satisfactory feature, however, was a marked reduction, well below record, of the notifications of pulmonary tuberculosis. The chart demonstrates this.

Associated with the rather large number of deaths from diphtheria, the Health and Education Committees decided to institute a Diphtheria Immunisation Clinic, which was started at the latter end of the year.

The housing conditions of the population are steadily improving. The co-ordination with the Housing Department with regard to such matters as the re-housing of tuberculous families is working smoothly. The City is well up-to-date with its slum clearance programme and the survey *re* overcrowding was carried on energetically.

The administration of the appropriate parts of the Shops Acts was delegated to the Health Department and the Sanitary Inspectors' Department has required expansion to deal with the sanitary aspect of that question, while the desiderata with regard to other matters, e.g., light and ventilation, have been given due consideration. Apart from that and housing, the Sanitary Inspection Department has had its usual year of full work, while a certain amount of reorganisation has been carried out for the refuse collection and disposal. There was increased activity with regard to tuberculosis in milk and cattle.

It is well to point out that the medical examination of Corporation Staff employees, which has never been mentioned before in these Annual Reports, is becoming quite an appreciable item in the Department's work.

The work at the Maternity Home continues to expand and an extra Ante-Natal Clinic was required. The Maternity and Child Welfare Committee appointed a panel of four consultants for the assistance of practitioners in the City and approved the supply of free milk to expectant mothers at any time during ascertained pregnancy, instead of only during the last three months.

The conditions at St. Catherine's Infant Welfare Centre have been such that it was found necessary to have another session per week there and the attendances have amply justified the addition.

The numbers on the Register of the Blind have increased slightly.

The thanks of the Council are due to the voluntary workers who have continued to assist us at the Infant Welfare Centres and the Socials for the Blind, and my thanks are due for the support given me by the various Committees concerned and also to the members of my Staff, who have consistently carried out their work in a very satisfactory spirit.

I have the honour to be,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

V. F. SOOTHILL,
Medical Officer of Health
and School Medical Officer.

(1) STAFF OF THE PUBLIC HEALTH AND SCHOOL MEDICAL SERVICES, 1935.

PERMANENT WHOLE TIME OFFICERS.

V. F. Soothill, M.A., M.D., B.Ch. (Cantab.), D.P.H., M.R.C.S. (Eng.), L.R.C.P. (Lond.).
Medical Officer of Health and School Medical Officer;
Medical Superintendent, Isolation Hospital;
Adm. Tuberculosis Officer, and Adm. Maternity and Child Welfare Officer.

G. L. Leggat, O.B.E., M.B., Ch.B. (Ed.), D.P.H.
Deputy Medical Officer of Health.

G. W. Riddel, *M.C.*, M.B., Ch.B. (Aber.), D.P.H.
Assistant School Medical Officer and
Assistant Medical Officer of Health.

Miss M. Bow, M.B., Ch.B., (Ed.), D.P.H., M.M.S.A.
Assistant Medical Officer of Health and
Assistant School Medical Officer.

R. B. Boston, M.B., Ch.B., F.R.C.S. (Ed.), D.P.H.
Clinical Tuberculosis Officer, Assistant Medical Officer of Health and
Assistant School Medical Officer.

Miss R. O. Morris, M.D., Ch.B. (Ed.), D.P.H.
Assistant Medical Officer of Health and
Assistant School Medical Officer and
Resident Medical Officer, Isolation Hospital.

Miss D. M. B. Gross, M.D., Ch.B. (Leeds), D.P.H. (Lond.).
Assistant Medical Officer of Health and
Assistant School Medical Officer (until July 29th).

J. V. Walker, M.B., Ch.B. (Birm.), D.P.H., M.R.C.P. (Lond.), M.R.C.S. (Eng.).
Assistant Medical Officer of Health and
Assistant School Medical Officer (from July 30th).

PART-TIME OFFICERS.

G. Maxted, M.D. (Lond.), F.R.C.S. (Eng.).
Ophthalmic Surgeon, three sessions each week.

N. S. Carruthers, F.R.C.S. (Ed.) R. A. Highmoor, F.R.C.S. (Ed.).
Consultant Ear, Nose and Throat Specialists, Isolation Hospital, and to the Education and Maternity and Child Welfare Committees.

Consultants to the Maternity and Child Welfare Committee.

M. W. B. Bulman, M.D., M.S., F.R.C.S. (Eng.).
A. Crook, M.R.C.S., L.R.C.P. (Lond.).
E. B. Hinde, M.B., B.Ch., F.R.C.S. (Ed.), L.R.C.P. (Lond.).
C. Noon, O.B.E., F.R.C.S., L.R.C.P. (Lond.).

District Medical Officers under the Poor Law Acts.

District No. 1 *C. G. Jobbins, B.A. (Cantab.), M.R.C.S. (Eng.), L.R.C.P.
,, ,, 2 *D. S. Napier, M.B., Ch.B. (Ed.).
,, ,, 3 *L. H. B. Mills, M.B., Ch.B. (Ed.).
,, ,, 4 *R. K. Bryce, M.R.C.S. (Eng.), L.R.C.P. (Lond.)
,, ,, 5 *V. M. Jewson, M.A. (Cantab.), M.B., Ch.B. (Man.).
,, ,, 6 *A. O'Donovan, M.B., B.Ch., B.A.O. (N.U.I.), L.M.
,, ,, 7 *J. S. Whiteside, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S. (Glas.).
,, ,, 8 *A. W. Taylor, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Public Vaccinator.

J. Bannerman, L.R.C.P., L.R.C.S. (Ed.), L.R.F.P.S. (Glas.).

Venereal Diseases Clinics (At Norfolk and Norwich Hospital).

S. H. Long, M.D. (Cantab.).
T. J. Wright, F.R.C.S. (Ed.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).
G. P. C. Claridge, M.B., B.S. (Lond.), (Pathologist).

Veterinary Inspector.

(Under Diseases of Animals Acts and Orders, Milk and Dairies Act, 1915, and Milk and Dairies Order, 1926.)

H. V. Low, M.R.C.V.S. (Part-time).

Public Analyst.

W. Lincolne Sutton, F.I.C. (Part-time).

SCHOOL DENTAL OFFICERS (Whole-time).

Senior:

C. R. Knowles, L.D.S. (Leeds).

Assistants:

G. S. Williams, L.D.S. (Eng.). (Until 31st May.)
Miss Muriel Barnby, L.D.S. (Leeds). (From 25th March until 7th December.)
J. E. D. Pollard, L.D.S. (Eng.). (From 2nd September.)
D. W. Hurley, L.D.S., R.F.P.S. (Glas.). (From 9th December.)

MATRONS.

Isolation Hospital:	*Maternity Home:*
Miss F. Morrison.	Miss F. G. O. Moorcroft. (From February 7th.)

HEALTH VISITING STAFF.

1 Inspector of Midwives.
10 Health Visitors and School Nurses.
2 Nurses engaged in the Dental and Minor Ailments Clinics.
1 Tuberculosis Visitor and School Nurse.
2 Home Teachers and Visitors of the Blind.
2 Infant Life Protection Visitors who also act as Assistant Lady Relieving Officers, etc.
1 Attendant for cleansing children's heads.

All the Health Visitors hold the Certificate of the C.M.B.; 12 of them a Certificate in General Nursing Training, and 1 of them the Maternity and Child Welfare Certificate of the Royal Sanitary Institute.

There are also 2 clerk attendants in the dental clinic.

SENIOR SANITARY INSPECTOR.

G. D. Kirby, M.S.I.A., M.Inst.P.C.

DEPUTY SENIOR SANITARY INSPECTOR.

A. E. Hollox, M.S.I.A., A.R.San.I.

SANITARY STAFF.

10 Inspectors (1 temporary). All holding the Certificate of the Royal Sanitary Institute for Sanitary Inspectors and 9 holding the Certificate of the Royal Sanitary Institute for Inspectors of Meat and Other Foods.
1 Unqualified temporary Assistant.
2 Cleansing Inspectors and 1 Disinfection and Drainage Officer.

CLERICAL STAFF.

19 Clerks.

*Officers in the service of the Public Assistance Committee.

ANNUAL REPORT, 1935

STATISTICS.

Area (in acres)	7,898
Population (Census, 1931)	126,236
,, Estimated middle of 1935	124,700
Number of inhabited houses (end of 1935) according to Rate Books	36,664
Rateable Value	£735,284
Sum represented by a penny rate	£2,860

VITAL STATISTICS.

		Total.	M.	F.	
Live Births	Legitimate	1630	868	762	Birth Rate **13.80** per 1000 of the estimated resident population
	Illegitimate	91	49	42	
	Total	1721	917	804	

The rates for the previous years were :—

1927	1928	1929	1930	1931	1932	1933	1934
17.12	16.16	15.85	15.72	15.44	14.73	13.98	14.22

The Birth Rate for 1935 for England and Wales was 14.7, and for the 121 Great Towns was 14.8 per 1000 population.

		Total.	M.	F.	
Still births	Legitimate	47	24	23	Rate per 1000 total (live and still) births **29.33**
	Illegitimate	5	1	4	
	Total	52	25	27	
Deaths		1419	703	716	Death Rate **11.38** per 1000 of the estimated resident population.

Comparability Factor	.92
Adjusted Death Rate	10.46

The Death rates for the previous years were :—

1927	1928	1929	1930	1931	1932	1933	1934
12.16	10.81	13.95	10.95	12.09	12.08	12.78	11.53

The Death Rate for 1935 for England and Wales was 11.7, and for the 121 Great Towns was 11.8 per 1000 population.

Maternal Mortality ... ... From Sepsis ... 1
,, Other causes 3

		Puerperal Sepsis.	Other Causes.	Total.
Maternal Mortality Rate	per 1000 Live Births ...	0.58	1.74	2.32
	per 1000 Total (live and still) Births ...	0.56	1.69	2.25
The Maternal Mortality Rate for England and Wales was :—	per 1000 Live Births ...	1.68	2.42	4.10
	per 1000 Total (live and still) Births ...	1.61	2.32	3.93

The Maternal Mortality Rates for the previous years were :—

	PUERPERAL SEPSIS.			OTHER CAUSES.			TOTALS.	
		Rate per 1000			Rate per 1000			
	No. of Maternal Deaths.	Live births.	Total (Live and stillbirths).	No. of Maternal Deaths.	Live births.	Total (Live and stillbirths).	Per 1000 Live births.	Per 1000 Live and stillbirths.
1931 ...	3	1.53	1.45	2	1.02	0.97	2.55	2.42
1932 ...	3	1.60	1.55	1	0.54	0.52	2.14	2.07
1933 ...	2	1.13	1.10	4	2.27	2.19	3.40	3.29
1934 ...	4	2.24	2.17	7	3.91	3.79	6.15	5.96

Infant Mortality Rate :—

All Infants per 1000 live births	48.23
Legitimate Infants per 1000 legitimate live births	47.24
Illegitimate Infants per 1000 illegitimate live births	65.93

The Infant Mortality Rates for the previous years were :—

1927	1928	1929	1930	1931	1932	1933	1934
62.7	40.5	74.9	44.6	54.64	56.30	62.96	45.86

Infantile Mortality Rate for England and Wales for 1935 was 57.0
,, ,, ,, ,, 121 Great Towns ,, ,, ,, 62.0
,, ,, ,, ,, London ,, ,, ,, 58.0

The illegitimate Infantile Mortality Rate was 65.93 per 1000 illegitimate live births.

The corresponding figures for previous years were :—

1927	1928	1929	1930	1931	1932	1933	1934
93.8	30.3	70.7	75.47	72.16	114.58	73.17	95.89

The Infantile Mortality is worthy of analysis, and Table I is of interest. Comments are made on pages 76-79.

Deaths	from	Measles (all ages)	Nil
,,	,,	Whooping Cough (all ages)	Nil
,,	,,	Diarrhœa (under 2 years of age)	5

The numbers of deaths from Diarrhœal Diseases up to 2 years of age during the previous years were :—

1927	1928	1929	1930	1931	1932	1933	1934
12	3	10	5	5	4	9	2

Mortality Rate—1 to 5 years.

The Death rates per 1000 of the estimated population for children between the ages of 1 and 5 years were :—

1928	1929	1930	1931	1932	1933	1934	1935
0.21	0.4	0.36	0.28	0.39	0.28	0.36	0.23

Tuberculosis. There were 77 deaths from Pulmonary Tuberculosis (Death rate 0.62 per 1000 population) and 9 from other Tuberculous Diseases (Death rate 0.07 per 1000 population).

The Death rates for this disease for the previous years were :—

1926 ...	(Pulmonary)	0.73	(Other Forms)	0.18
1927 ...	,,	0.87	,, ,,	0.21
1928 ...	,,	0.65	,, ,,	0.10
1929 ...	,,	0.80	,, ,,	0.14
1930 ...	,,	0.62	,, ,,	0.09
1931 ...	,,	0.61	,, ,,	0.08
1932 ...	,,	0.79	,, ,,	0.09
1933 ...	,,	0.73	,, ,,	0.11
1934 ...	,,	0.77	,, ,,	0.16

CANCER.

Malignant growths accounted for 214 deaths, with a Death rate of 1.71 per 1000 population. The numbers of deaths in 1933 and 1934 were 222 and 212 respectively. The table on page 14 shows the ages at which death took place, and the sites of the disease.

DEATHS FROM CANCER, 1935.

Site of Disease.		0-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 & over	Total
1. *Alimentary System—*												
Mouth and Tongue	M.	—	—	—	—	—	—	—	1	1	3	5
	F.	—	—	—	—	—	—	2	—	—	—	2
Œsophagus	M.	—	—	—	—	—	—	—	2	—	2	4
	F.	—	—	—	—	—	—	1	1	—	1	3
Stomach	M.	—	—	—	—	—	—	2	6	10	3	21
	F.	—	—	—	—	—	—	—	2	9	7	18
Small Intestine	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	1	—	1
Appendix	M.	—	—	—	—	1	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—	—	—	—
Large Intestine	M.	—	—	—	—	—	—	2	4	4	3	13
	F.	—	—	—	—	—	1	3	5	5	6	20
Rectum	M.	—	—	—	—	—	2	—	5	5	4	16
	F.	—	—	—	—	—	—	1	1	—	4	6
Liver	M.	—	—	—	—	—	—	3	1	3	—	7
	F.	—	—	—	—	—	—	1	2	2	1	6
Gall Bladder	M.	—	—	—	—	—	—	—	—	—	1	1
	F.	—	—	—	—	—	—	—	—	1	1	2
Pancreas	M.	—	—	—	—	—	—	1	—	2	1	4
	F.	—	—	—	—	—	—	—	2	1	1	4
TOTAL ...	M.	—	—	—	—	1	2	8	19	25	17	72
	F.	—	—	—	—	—	1	8	13	19	21	62
2. *Respiratory System—*												
Nasal Sinuses	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	1	—	—	1
Larynx	M.	—	—	—	—	—	—	—	2	1	1	4
	F.	—	—	—	—	—	—	—	—	2	—	2
Trachea and Bronchi ...	M.	—	—	—	—	—	—	1	—	—	—	1
	F.	—	—	—	—	—	—	—	—	—	—	—
Lungs	M.	—	—	—	—	—	—	1	1	1	1	4
	F.	—	—	—	—	—	—	1	1	—	—	2
Mediastinum	M.	—	—	—	—	—	—	1	1	1	—	3
	F.	—	—	—	—	—	—	—	1	—	—	1
	F.	—	—	—	—	—	—	1	3	2	—	6

Kidney	M.	—	—	—	—	—	—	2	—	1	—	3
	F.	—	—	—	—	—	—	—	—	—	—	—
Bladder	M.	—	—	—	—	—	—	—	2	—	—	2
	F.	—	—	—	—	—	—	—	—	2	1	3
Prostate	M.	—	—	—	—	—	—	—	2	4	4	10
	F.	—	—	—	—	—	—	—	—	—	—	—
Ovary	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	2	—	2	2	—	6
Uterus (body)	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	1	4	1	—	6
Uterus (cervix)	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	2	1	3	—	—	6
Vulva	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	2	1	1	4
TOTAL ...	M.	—	—	—	—	—	—	2	4	5	4	15
	F.	—	—	—	—	—	4	2	11	6	2	25
4. *Central Nervous System*—												
Brain	M.	—	—	1	—	—	1	—	—	—	—	2
	F.	—	—	—	—	—	—	1	—	—	—	1
Spinal Cord	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	1	—	1
TOTAL ...	M.	—	—	1	—	—	1	—	—	—	—	2
	F.	—	—	—	—	—	—	1	—	1	—	2
5. *Other Sites*—												
Bones	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	1	—	—	—	—	1
Skin	M.	—	—	—	—	—	—	—	—	1	1	2
	F.	—	—	—	—	—	—	—	—	1	—	1
Breast	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	1	1	3	2	5	12
Lymphatic System ... ... (Lymphosarcoma)	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	1	—	—	—	—	—	1
Unclassified	M.	—	—	—	—	—	—	—	—	1	—	1
	F.	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL ...	M.	—	—	1	—	1	3	13	27	35	24	104
	F.	—	—	—	—	1	7	13	30	31	28	110

INFANTILE MORTALITY OF EACH WARD IN NORWICH.

Ward.	Births registered, 1935.	Deaths under 1 year, 1935.	Infantile Mortality Rate per 1000 live births.		
			1935.	1934.	1933.
Earlham	99	2	20.2	37.0	70.8
Heigham	107	4	37.4	34.1	30.3
Hellesdon	147	7	47.6	61.1	100.0
Catton	137	11	80.3	52.6	45.5
Mousehold	92	3	32.6	38.8	80.8
Westwick	138	12	87.0	50.0	39.4
Coslany	119	5	42.0	66.6	84.0
Fye Bridge	112	4	35.7	75.6	93.7
Thorpe	135	4	29.6	57.7	32.5
Eaton	56	4	71.4	60.0	58.8
Town Close	78	2	25.6	16.4	35.7
Lakenham	121	5	41.3	21.3	63.0
Nelson	50	1	20.0	44.1	29.9
St. Stephen	109	—	0.0	60.0	70.2
Conesford	75	12	160.0	52.1	88.2
Ber Street	114	7	61.4	13.0	51.5

TABLE I. Infantile Mortality.

Deaths from stated Causes in Weeks and Months under One Year of Age.

	CAUSE OF DEATH.	Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks -2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
Common Infectious Diseases	Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Chicken-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Diphtheria : Croup ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Gastro-Enteritis ...	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	3
Wasting Diseases	Premature Birth ...	20	—	2	1	23	2	1	—	—	—	—	—	—	—	—	—	26
	Congenital Defects ...	6	1	—	1	8	3	1	—	1	1	—	—	1	—	—	—	15
	Injury at Birth ...	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2
	Want of Breast-Milk ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Atrophy, Debility, Marasmus	5	—	—	2	7	—	—	1	—	1	—	—	—	—	—	—	9
	Improper Feeding ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculous Diseases	Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Tuberculous Peritonitis Tabes Mesenterica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
	Erysipelas	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2
	Syphilis	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
	Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Meningitis (*not Tuberculous*)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Convulsions	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
	Laryngitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Bronchitis	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2
	Pneumonia	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
	Broncho-Pneumonia ...	—	—	1	—	1	1	1	—	—	—	—	2	2	1	—	—	8
	Suffocation, overlaying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other causes	2	—	—	1	3	2	2	1	—	—	—	1	1	1	1	—	12
		36	1	3	5	45	10	6	4	2	2	1	4	6	2	1	—	83

TABLE II.

Causes of Death at different periods of life in the County Borough of Norwich during the Year 1935.

The following information has been supplied by the Registrar-General.

	Causes of Death.	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
	All Causes	1419	83	11	18	36	40	35	56	123	203	339	475
1	Typhoid and Paratyphoid Fevers ...	—	—	—	—	—	—	—	—	—	—	—	—
2	Measles	—	—	—	—	—	—	—	—	—	—	—	—
3	Scarlet Fever	1	—	—	1	—	—	—	—	—	—	—	—
4	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—
5	Diphtheria	13	—	1	2	10	—	—	—	—	—	—	—
6	Influenza	20	1	—	—	—	1	—	1	5	2	7	3
7	Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—
8	Cerebro-Spinal Fever	3	—	1	1	1	—	—	—	—	—	—	—
9	Tuberculosis of Respiratory System ...	77	—	—	—	1	17	9	14	19	6	10	1
10	Other Tuberculous Diseases... ...	9	1	1	—	2	1	—	1	1	1	1	—
11	Syphilis	4	1	—	—	1	—	—	—	—	—	2	—
12	General Paralysis of the Insane, Tabes Dorsalis	4	—	—	—	—	—	—	2	—	2	—	—
13	Cancer, Malignant Disease	214	—	—	—	1	—	2	10	26	57	66	52
14	Diabetes	17	—	—	1	1	—	1	—	—	5	5	4
15	Cerebral Hæmorrhage, etc.	108	—	—	—	—	—	—	1	2	9	40	56
16	Heart Disease	323	—	—	—	2	2	2	4	18	46	93	156
17	Aneurysm	3	—	—	—	1	—	—	—	1	1	—	—
18	Other Circulatory Diseases	68	—	—	—	—	—	—	1	5	6	22	34
19	Bronchitis	55	2	—	—	1	—	1	—	2	3	10	36
20	Pneumonia (all forms)	64	9	3	1	2	2	2	3	4	6	15	17
21	Other Respiratory Diseases... ...	18	—	—	2	—	—	2	—	4	4	5	1
22	Peptic Ulcer	10	—	—	—	—	—	1	2	1	4	2	—
23	Diarrhœa, etc.	10	3	2	1	—	—	—	—	2	—	1	1
24	Appendicitis	10	—	—	2	2	2	—	1	1	1	1	—
25	Cirrhosis of Liver	4	—	—	—	—	—	—	—	—	4	—	—
26	Other Diseases of Liver, etc. ...	10	—	—	—	—	—	—	1	1	1	3	4
27	Other Digestive Diseases	24	1	—	1	1	—	1	—	3	4	4	9
28	Acute and Chronic Nephritis ...	34	—	—	—	1	—	2	—	6	8	7	10
29	Puerperal Sepsis	1	—	—	—	—	—	1	—	—	—	—	—
30	Other Puerperal Causes	3	—	—	—	—	1	1	1	—	—	—	—
31	Congenital Debility, Premature Birth, Malformations, etc.	54	52	—	1	1	—	—	—	—	—	—	—
32	Senility	65	—	—	—	—	—	—	—	—	—	15	50
33	Suicide	16	—	—	—	—	1	3	3	3	3	2	1
34	Other Violence	42	1	—	1	4	8	2	6	3	5	8	4
35	Other Defined Diseases	134	12	3	4	4	5	5	5	16	25	20	35
36	Causes Ill-defined, or Unknown ...	1	—	—	—	—	—	—	—	—	—	—	1

GENERAL

LEGISLATION IN FORCE.

Adoptive and Local Acts: *Special Local Orders, Bye-Laws, and Regulations in force in the district relating to Public Health.*

Local Acts:—

1806—An Act for better paving, lighting, cleansing, watching, and otherwise improving the City of Norwich.
1825—An Act amending and enlarging the last-mentioned Act.
1867—City of Norwich Act.
1879—Norwich Improvement Act.
1889—Norwich Corporation Act.
1933—Norwich Corporation Act.

General Adoptive Acts:—

Baths and Wash-houses Acts, 1846 to 1899.
Public Health Acts Amendment Act, 1890.
Public Health Acts Amendment Act, 1907—Parts II, V, VI, VIII and IX, and certain sections in Parts III, IV and VII.
Public Health Act, 1925—Part II (Sections 13-33 inclusive), and Parts III, IV, and V.

Local Orders, Bye-Laws and Regulations:—

Orders as to Notification of Infectious Diseases:—
  Cerebro-Spinal Fever, 1907.
  Glanders, Anthrax and Hydrophobia in Man, 1909.
  Ophthalmia Neonatorum, 1910.
Orders under Public Health Acts, declaring certain trades to be offensive trades, 1911 and 1922.

Bye-Laws:—

Prevention of Nuisances, arising from Snow, Filth, etc., 1859.
Common Lodging Houses, 1894.
Tents, Vans, Sheds, and Similar Structures, 1910.
Slaughter-houses, 1911 and 1927.
Offensive Trades, 1914 and 1922.
Nursing Homes, 1928.
Smoke Abatement, 1929.
Drainage of Existing Buildings, 1935.
Houses-let-in-Lodgings, etc., 1935.
New Streets and Buildings, 1935.
Prevention of Grease, Fat and Oil from discharging into Sewers, 1935.
Prevention of Nuisances, 1935.
Tipping of Dust, Spoil and Refuse, 1935.

Regulations:—

Underground Sleeping Rooms, 1914.

SOCIAL CONDITIONS, ETC.

To those who have the opportunity to see, it is obvious that a quiet social revolution has been occurring since the beginning of the latter part of the 19th Century, and the rate of visible change has materially increased since the War. One needs only to look a very short way to see this. On the whole, the people are much cleaner than they were; before the War it was not uncommon to get an elderly person into a London Poor Law Hospital, with a head so solid with vermin and their eggs that a pair of scissors could not be got through it—now, this practically does not occur, at any rate in Norwich. The children are cleaner and are better dressed. The people, as a whole, are better fed and, in Norwich at any rate, the housing conditions are steadily improving, so that many of the people who formerly lived in very difficult and discouraging conditions now have reason to hope, and a little more sunlight is getting into the lives of the people. The infantile mortality rate is less, tuberculosis is decreasing and there is some reason to think venereal diseases are slightly less than they were. The children's schools are better and, doubtless, the teaching is better, with greater facilities for enlarging the mental and physical horizon of the children concerned. The outlook of women is different and much wider. Libraries are spreading. There is very much less drunkenness. In Norwich, there is a very good provision of parks and gardens. All these items have health effects. In fact, a social revolution has been accomplished and in a manner so quiet that many people have hardly noticed its occurrence. What has already been accomplished is a great encouragement to those who are at the work, and gives them grounds for the hope of still greater improvements to come. However, the success which has been achieved brings problems of its own and of these, two, which have crystalised out and are ever before us, may be mentioned. One is the problem of the sub-normal class and the other is the problem of unemployment. Both of these have aspects concerned with public health and they are to some extent connected, as it is undoubtedly true that the big class, with a mentality little or much below the average, has a strong tendency to be found amongst the unemployed and also provides a certain proportion of the prison population. The unemployed are not all mentally sub-normal, but the persons who simply cannot be left to carry out a bit of work are amongst the first to be thrown out of employment when times of stress arrive. These two subjects, thus allied, should be regarded from the biological point of view, because any suggestions for coping with them which are not firmly based on sound biological lines will ultimately react unfavourably on the health, either mental or physical, of the population as a whole. Amongst all the mammalia it is the duty and, one may add, the privilege of the male to do any hunting and fighting required for the female and the progeny for as long as may be necessary, but he must have such a chance in the struggle for existence as to make it worth his while to compete. In man, the progeny require care and provision for such a long time that a large part of the adults' lives are occupied over it. Our civilisation has become very complex and there are many factors at work, but there is one factor which may be mentioned and that is the employment of large numbers of women at work which men could do, but from which they are debarred through cheaper female labour ; it is now in the human species a common feature that the male is unemployed and the female goes out to work. This is obviously against all the canons of mammalian biology and, in my opinion, throws an unfair strain on the female, while enforced idleness cannot be mentally or physically good for the male. Therefore, changes must be made which will obviate this. There are various arguments put forward to justify this large scale employment of women, and of course during the War and for some time after the War it was essential. Moreover, there are always special cases which have to be allowed for, but one of the arguments fairly frequently met is that female labour is cheaper than male labour and that the various businesses concerned cannot afford to employ male labour owing to the fierce competition and price cutting in commerce. However, one may point out that the males will have to be kept anyway, unless we are to copy the bees, and the fact that female labour is thought to be comparatively cheap sometimes means a poor level of living for the female and, perhaps, for the people dependent upon her, which is thoroughly unsound economy for the next generation. Moreover, this was an argument used in the days of child-labour. It was shown to be unsound then and it would appear justifiable to use similar means of dealing with this problem as were used in dealing with the question of child-labour. *Inter alia,* it would appear to be particularly unjustifiable for the State to give any encouragement whatsoever to the employment of expectant women in work which has to be of a commercial standard. The fact that a woman cannot draw insurance benefit when her certificate merely states ''pregnancy'' is an indication of a topsy-turvy frame of mind.

With regard to the sub-normal group, these are constantly producing health problems. They have very poor ideas about the proper lay-out of their money, their homes are not well managed and kept clean—even when given a clean house they have a tendency to spoil it—and they do not know how to bring up their children. The difficulty is to know what to do about this large body. It is generally accepted that birth control, as ordinarily understood, cannot be taught to this class of people and therefore will merely increase the relative proportion of them in the population. Nevertheless, the race for its own protection must deal with this problem somehow. There are some who think that there must always be "hewers of wood and drawers of water," but even the most intellectual of us do not require very much hewing of wood or drawing of water in these days, and it would do the most intellectual of us good to do a certain amount of that salutary exercise, even if it is a little irksome at times. However, it is obvious that one of the first requirements for dealing with this problem is some means of classifying the population into those who are desirable as progenitors and those who are not. This is a most difficult problem, as we are such complex mixtures of physical, mental and moral attributes. Moreover, practically all the failings of the sub-normal class, except the physical failings, are the exaggerated representatives of some attribute desirable in other conditions. For instance, strength of mind is highly desirable in any circumstances, but this may at times be not far removed from mere stupid obstinacy, which is generally considered highly undesirable. However, the difficulties of this sorting out will be obvious to anyone who has given the matter any thought and it is desirable to point out that our present population are the representatives of generations of living beings, not necessarily human, who have succeeded in competing with the world at large for, possibly, millions of years, and that, therefore, they must have sufficient desirable characteristics and be sufficiently free from undesirable characteristics to justify their existence up to the present date. It is true that, apparently, nature has provided in every class of living creature the invariable tendency to produce every conceivable variation and at present we certainly do not know, in very many respects, which of these are abnormal variations produced by our abnormal conditions. The present submission is that many of the apparently undesirable qualities of this sub-normal group may be due to the hopeless conditions under which many of them must have lived for generations, and at present it would be unfair to make any attempt at the classification of what will ultimately prove to be desirable or undesirable. It will not be until these people have lived under reasonable conditions for several generations that we can, with any justice, start to classify them into desirable and undesirable. As has already been pointed out, the conditions are improving, but there still remain further improvements to be made. The home conditions have already been changed considerably, though still more is required, but the conditions of work for many people are now lagging a little behind the improvement of the home conditions and people are not yet sufficiently educated to realise what is desirable, chiefly in the way of maximum light and ventilation.

With regard to this education of the individual to want the best possible conditions, there is a point to which attention should be drawn and that is the clothing of our manual workers in indoor workplaces. There is a fixed determination not to part with any clothes, however hot the weather. This, presumably, is due to the silly use of the same word "cold" to indicate an inflammation of the nasal mucous membrane—trouble due to infection—and the actual temperature of the air, or to the erroneous impression that external temperature is of importance in the production of "rheumatics," i.e., lumbago, sciatica, muscular aches and pains and joint troubles. One went into some works on a very hot day, when the Works Manager, walking about in summer clothes, was obviously perspiring and complaining of the heat. On investigation of the men engaged in strenuous manual work, they all had under their overalls a waistcoat, a thick shirt, a thick vest and pants. If the work people will realise that the human body has a finer automatic heat-regulating mechanism than any engineer can devise, they would undoubtedly improve their health and their working capacity enormously. Any engineer would scoff at a person who designed a heat-regulating mechanism, such as a radiator of a car, and then put it completely out of action by muffs, etc.; but this is precisely what those men were doing by wearing heavy clothes, which prevented evaporation just at the time when their bodies were giving every indication that the greatest need was cooling through rapid evaporation from their skins. This evaporation of sweat would be difficult enough any way in a closed buiding, without making it impossible by adding layers of sweat-soaked clothes. People, particularly manual workers, should remember that sweating and the appropriate evaporation by air of the sweat is the right and proper way of getting rid of heat produced by strenuous muscular activity and should adjust their clothing to allow this.

Special Noteworthy Sickness.

In March, 6 cases (4 in one family) of suspected food poisoning came to the notice of the Department. Suspicion was directed to pork cheese made by a butcher in the City. Samples from the remaining stock of pork cheese were submitted for chemical and bacteriological analysis. The Analyst reported that the ingredients were satisfactory. The enamel bowls into which the pork cheese was poured for setting were also examined and he reported that no poisonous metal was concerned. Some of these bowls were badly chipped.

The Pathologist discovered a late lactose fermenter belonging to the typhoid-coli group, but its characters were not those of any organism of known pathogenic significance within that group. All the persons affected were acutely ill with gastro-enteritis but recovered rapidly and competely.

In August a case of death from food poisoning was investigated by the Department. A man visited a neighbouring seaside resort and had a meal consisting of salt beef, ham, lettuce, tomato, beet root, tinned oranges and tinned cream. Specimens from the deceased person were examined bacteriologically and the Bacillus Enteritidis (Gærtner) was isolated from the Spleen and Intestine. Cultures of the suspected organism were forwarded to the Ministry of Health, who confirmed the indentification of the organism. Death was attributed to food poisoning accelerated by strangulation of a pre-existing Hernia.

LABORATORY FACILITIES.

The examination of swabs and specimens for Diphtheria and Widal Reactions respectively are carried out at the Isolation Hospital (see page 104) ; the examination of Sputum is also carried out at the Hospital, and at a small laboratory which has been established at the Public Health Offices ; 993 specimens were examined at the latter by the Clinical Tuberculosis Officer. More complex pathological examinations are made by private pathologists in the City. For chemical and bacteriological examinations of food, see pages 64-65.

AMBULANCE FACILITIES.

(*a*) **For Infectious Diseases.** A motor ambulance and a motor van with a body which, in emergency, can be used as an ambulance are kept at the Isolation Hospital, available for use within the City. When the Committee purchased the motor ambulance they decided to retain one horse-drawn ambulance, which is kept at the Smallpox Hospital. The motor ambulance is occasionally used for bringing in Infectious Disease cases from neighbouring districts, for which a charge is made.

(*b*) and (*c*) **For Non-Infectious, etc., Cases.** The Police have three motor ambulances available for accident and other cases, and the British Red Cross Society also maintain two motor ambulances, the latter being chiefly available for residents of a large area outside the City.

The above arrangements appear to be adequate and efficient.

NURSING IN THE HOME.

(*a*) **General.** There is the Norwich District Nursing Association, better known as the Cavell Home, from which nursing is provided on the application of Doctors, the Local

Authority, District Visitors, and others; there is also the Norfolk and Norwich Hospital Staff of Trained Nurses, and the Norfolk and Norwich Staff of Nurses from which nurses can be obtained; a Nurses' Co-operation Society and the Nursing Sisters of the Poor (Little Sisters of the Assumption). There are, in addition, a few nursing homes in the City, whence nurses are at times sent out.

(*b*) **For Infectious Diseases.** The above agencies send out nurses if required. The Corporation have an arrangement with the Norwich District Nursing Association for the nursing of cases of Measles and Whooping Cough (under five years), Ophthalmia Neonatorum, Influenza, Puerperal Fever and Puerperal Pyrexia, Tuberculosis, and Acute Primary and Acute Influenzal Pneumonia. The grant made to this Association by the Local Authority for these services was increased from £150 to £300 per annum on the 1st October, and the cost is divided between the Committees concerned, according to the number of visits paid.

School Clinics. See pages 139-153.

Venereal Diseases Clinics are held on Tuesday mornings and Friday evenings, in a special portion of the Norfolk and Norwich Hospital Out-patient Department, where irrigation is carried out daily, as is special treatment by appointment. 1404 specimens were sent to the laboratory at the Norfolk and Norwich Hospital, 991 being from the Clinics. The following table gives particulars of attendances, etc., of Norwich persons at the Clinics during the year :—

	Syphilis.		Gonorrhœa.		Conditions other than V.D.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	Totals.
Under treatment or obs., Jan. 1st ...	135	88	263	62	—	4	398	154	552
Removed from Register previously but returned ...	1	1	3	2	—	—	4	3	7
Dealt with for the first time	30	26	63	36	2	1	95	63	158
Dealt with for the first time, but had treatment elsewhere	5	3	4	1	—	—	9	4	13
Totals ...	171	118	333	101	2	5	506	224	730
Total attendances ...	577	820	4059	430	5	2	4641	1252	5893

VENEREAL DISEASES.

Norwich Persons treated at the Norfolk and Norwich Hospital.

Year	New Cases.				Total Attendances.	Syphilis.			Gonorrhœa.		Deaths under 1 year of age from Congenital Syphilis.	Notifications of Ophthalmia Neonatorum received.
	Syphilis.	Gonorrhœa.	Not V.D.	Total.		Total Injections of Arsenobenzene compounds.	Cured.	Ceased attending.	Cured.	Ceased attending.		
Av. 1918 to 1922 (inclus.)	71	98	26	196	2288	550	3	15	17	19	5	21
1923	36	70	38	144	4806	816	33	55	49	36	2	22
1924	37	77	33	147	6338	549	47	78	63	76	1	24
1925	33	81	23	137	5774	555	49	41	92	42	2	16
1926	29	89	47	165	4882	382	31	34	63	35	2	15
1927	58	99	33	190	4558	596	25	19	63	45	2	16
1928	44	113	23	180	3424	723	34	40	43	51	—	22
1929	63	104	22	189	6326	761	27	32	51	31	2	19
1930	71	117	14	202	7519	963	26	29	56	32	1	19
1931	55	98	12	165	6895	893	19	23	46	21	1	18
1932	58	103	5	166	5886	857	19	22	44	31	2	17
1933	69	116	5	190	6537	1000	21	14	74	35	2	11
1934	116	103	2	221	6143	1137	32	25	107	44	—	13
1935	64	104	3	171	5893	860	34	190	187	228	1	11

N.B.—Included under heading "ceased attending" are cases transferred to other doctors or clinics.

The table on page 25, which has been provided by the Medical Officer of the Clinics and to which I have added the deaths of children under 1 year of age from Congenital Syphilis, and the number of notifications of Ophthalmia Neonatorum received for the same period, shows the work which has been done.

The Medical Superintendent of the Mental Hospital informs me that General Paralytics have been admitted to that Institution during the past five years, as follows :—

	Males.	Females.	Totals.
1931	3	1	4
1932	1	—	1
1933	3	—	3
1934	4	—	4
1935	1	1	2
Totals	12	2	14

The Tuberculosis Dispensary is at Churchman House, and is referred to on page 108. **Clinics** held under the **Maternity and Child Welfare Service** receive comment on pages 74-76.

HOSPITALS USED BY INHABITANTS OF THE AREA.

(*a*) **The Norfolk and Norwich Hospital.** This Institution is supported by voluntary contributions, payments by the Local Authority for the treatment of certain conditions and by payments by patients. It has a total of 417 beds, including 22 for eye cases. 7363 patients were treated during the year, an increase of 219 compared with 1934; the daily average number of beds occupied was 355, the same number as in 1934. The average length of stay of each patient decreased from 18.9 days to 18.5 days. 20,308 new patients attended the Out-Patient Department, 1226 more than in the previous year.

The Education Authority has an arrangement with this Hospital for the admission of school children for the operative treatment of tonsils and adenoids, and the Council made certain payments for the treatment of Tuberculosis patients. Norwich persons suffering from Venereal Diseases were also treated at this hospital, jointly with those from Norfolk, throughout the year, and with persons from East Suffolk and Gt. Yarmouth until the 31st March and the 30th June respectively. The Corporation also makes a subscription to the Hospital.

(*b*) **The Jenny Lind Hospital**, which works in close co-operation with the Norfolk and Norwich Hospital, has 80 beds, and admits boys up to ten years and girls up to twelve years of age, not suffering from an infectious or contagious disease. A limited number of children under the age of two years are admitted at the discretion of the Committee of Management. It is supported by voluntary subscriptions, and payments by patients and the Local Authority. 1661 patients were admitted during the year, the daily average number of beds occupied being 61. 2883 new cases attended the Out-patient Department. The Education Authority has an arrangement with this hospital for the admission of children for the removal of enlarged tonsils and adenoids. Certain payments were made by the Local Authority for the treatment of surgical tuberculosis. The Council also subscribes to the funds of the hospital.

(*c*) **The Public Assistance Institution.** This Institution was transferred to the control of the Council on 1st April, 1930, and remains under the control of the Public Assistance Committee. It is provided with one operating theatre, and a diathermy and ultra-violet light apparatus. The Senior Medical Officer states that the undermentioned accommodation was provided, being liable to vary from time to time as the needs of the Institution at any moment dictate:—

INFIRMARY.

No. of Beds in the Infirmary on 31st December, 1935 ...	303
Daily average No. of Patients during the year 1935 ...	255.24

	Number of Beds.	Children's Cots.	Total.	Daily average number of Patients.
Male Hospital.				
Wards ...	125	—		
Shelters ...	13	—	138	118.18
**Female Hospital.*				
Wards and Balconies ...	109	44	153	131.14
Maternity.				
Labour Wards	2			
Wards ...	5	5	12	5.92
TOTALS ...	254	49	303	255.24

*The female hospital was built to accommodate 117 patients, including maternity cases. The accommodation has been increased to 165 beds, by placing beds and children's cots in the wards and on the balconies—causing inevitable overcrowding.

HOUSE.

Department.	Number of Beds.	Daily average number of patients.
Nursery	30	8
Female Infirm	126	117
Male Infirm	109	92
Female Mental	59	29
Male Mental	50	19

(*d*) **The Isolation Hospital,** under the control of the Health Committee of the City Council, has 94 beds, allowing 144 square feet per bed, but actually more are accommodated. 24 beds are allocated for cases of advanced pulmonary tuberculosis. The work done by this Institution is referred to on pages 99-104.

(*e*) **The Mental Hospital** is situated at Hellesdon, outside the City Boundary and in the St. Faith's Rural District, and is under the control of the Mental Treatment Committee of the City Council. The Medical Superintendent kindly gives me the following particulars. There should be, nominally, 309 beds for males and 376 for females, but actually there are 317 beds for males and 401 for females. 60 beds are occupied by patients from King's Lynn and 124 from Great Yarmouth. The hospital is provided with a laboratory. Dental treatment is carried out at the hospital by a visiting Dental Surgeon.

(*f*) **Accommodation for Mental Defectives.** (See page 29.)

(*g*) **The City of Norwich Maternity Home** has 15 beds; the particulars of the work done during the year are given on pages 72-73.

(*h*) **The Smallpox Hospital** is on the Salhouse Road. There are 16 beds, allowing 144 square feet per bed, and an observation block of 4 beds. The hospital is wholly supported by the Council.

(*i*) **Tuberculosis Sanatoria.** The extent to which tuberculosis sanatoria were used during the year by inhabitants of the City is referred to in that part of the Report which deals with Tuberculosis. (See pages 111-113.)

LOCAL GOVERNMENT ACT, 1929.

Institutional Medical Services.

The Town Clerk kindly informs me that there have been no alterations during the year in the administrative arrangements of the institutional medical services transferred from the late Norwich Incorporation.

The sanction of the Minister of Health to the proposals for improving the sick wards and the nurses' home has been received and the work commenced.

Poor Law Medical Out-Relief. During the year the District Medical Officers paid visits to or received visits as under from persons needing relief :—

	District No :—								
	1	2	3	4	5	6	7	8	Totals.
Attendances at surgery or Medical Officer's residence ...	378	483	650	344	602	1290	516	1358	5621
Attendances at patients' houses	545	491	535	374	321	720	338	374	3698
Occasions on which medicine was supplied without seeing the patient ...	843	47	427	76	170	525	135	8	2231
GRAND TOTALS	1766	1021	1612	794	1093	2535	989	1740	11550

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The Council provides accommodation at Eaton Grange Certified Institution, situated at Unthank Road, for 30 high grade female adult mental defectives and 7 juvenile female cot and chair cases.

The Council has also made arrangements with the Norfolk County Council for the reservation of 80 beds at Little Plumstead Colony, and for 18 beds at the Royal Eastern Counties Institution, Colchester.

An occupation centre has been established at Eaton Grange, and is held in a building specially erected for the purpose. The centre is in charge of the Committee's enquiry officer and visitor, and is open on the morning of each week-day (Saturday excepted). There was an average attendance of 12.

Sanitary Circumstances of the Area.

WATER.

The water supply, obtained from the river Wensum, and controlled by the Local Authority, is constant, and was adequate in amount throughout the year. The water is subjected to sedimentation, aeration, slow sand filtration and chlorination. Monthly bacteriological and chemical examinations of the City's supplied water, and quarterly examinations of river water and water from the sedimentation reservoir, before filtration, are made, with additional examinations, if necessary.

A few dwellings in the City still draw water from wells. 15 samples of water were examined from 11 wells. The water from 5 wells was certified as being dangerous to health and totally unfit for drinking purposes. In 2 cases the Corporation water supply has been provided, and in 1 case the water is being used for garden watering only. The provision of a suitable water supply in lieu of the remaining 2 wells is at present under consideration and, in the meantime, the users have been advised to obtain water from the nearest satisfactory supply. 99.9 per cent. of the population are supplied by the Council.

The Water Engineer reports that works of extension of water mains have been carried out during the past year as under :—

	City.		City & County.	
	Miles.	Yds.	Miles.	Yds.
Extension of water mains ...	3	153	13	635
Total length connected with system	152	642	196	1700

DRAINAGE AND SEWERAGE.

Sewerage Works.

The City Engineer reports that during the year important progress has been made in improving the efficiency and sufficiency of the sewerage system of the City, comprising the following :—

The systematic inspection, flushing and cleansing of all sewers.

The reconstruction of sewers found upon examination to be defective in the undermentioned streets :—Southwell Road Passages, Lollard's Pit, Norman's Buildings, Horns Lane, Burleigh Street, Grant Street, Speke Street, Livingstone Street, Miller's Lane, Finkelgate and Queens Road, Bethel Street, St. Peter Street, St. Giles Street, Philadelphia Lane, and Boston Street.

The sewers have been extended in Leopold Road.

A further section of the Portersfield Road flood relief scheme has been carried out.

Sewers have been laid on Mousehold Avenue and Larkman Lane (West) Housing Estates.

Several manholes have been constructed and catchpits have been converted into manholes.

The extensive main drainage works known as the Wensum Valley (South) Main Drainage Scheme, which were referred to in my last report, are nearing completion.

Sewage Pumping, etc.

A scheme has been prepared and plans are nearing completion for the entire remodelling of the main sewage outfall pumping station at Trowse.

The Corporation have under consideration the provision of an auxiliary main trunk outfall sewer and an auxiliary pumping main to the Sewage Farm.

Sewage Purification.

In view of the projected sewage purification scheme, a working scale sewage treatment plant, upon the surface aeration system, has been installed at Whitlingham. The necessary data has been collected and a comprehensive scheme for the purification of the whole of the sewage will be considered by the Corporation.

RIVERS AND STREAMS.

Below the intake at Heigham, the Wensum meanders through the City to join the Yare at Trowse. It is subjected to surface pollution and to the influx of waste water, and a certain amount of sewage gets in. On its banks are situated breweries, the gas works, starch mills, etc., but the pollution is not palpably of a gross character.

CLOSET ACCOMMODATION.

During the year 1 privy bin and 2 privy pans were abolished and water closets were provided, with the necessary drainage for connection to the sewer; also 1 privy bin was abolished and in its place were provided 4 privy pans.

The number of conversions for the 5 previous years are as follows:—

Year.	Privy Bins.	Privy Pans.
1930	4	3
1931	—	6
1932	2	4
1933	—	1
1934	—	6

At the end of the year there were 85 privy pans and 16 privy bins in the City, the remainder of the premises being supplied with water closets.

PUBLIC CLEANSING.

The Senior Sanitary Inspector reports as follows :—

Collection and Disposal of Refuse.

Although it is not possible at the present time to standardise any system of refuse collection, owing to the various peculiarities associated with each individual town, yet there are two main facts which stand out and to which reference can be made in so far as it applies to the refuse collection of this City.

1. The new type of vehicle for refuse collection.
2. The relay system of refuse collection.

1. With an increase in the traffic conditions of this City, refuse collection by side-loading into vehicles is becoming increasingly dangerous, not only from the point of view of the collector, but also of the public.

In April, 2 vehicles of the end-loading, moving floor type were purchased, and since their use, in so far as these vehicles are concerned, not only has the danger of side-loading been eliminated but, from the public point of view, the dust element has been greatly reduced and persons passing the vehicles at the time when refuse is being deposited are able to appreciate this cleaner and improved method of collection.

2. Whilst the 2-vehicle relay system of refuse collection has been in operation in this City for some time, this is being superseded, so far as it is possible, by the 3-vehicle relay system, in order that vehicles of larger capacity can deal, to some extent, with the increased house building which is now taking place.

In April I put into operation the first of the 3-vehicle relay system, and for this purpose 2 districts adjoining each other were chosen; at that time the vehicles working on these 2 districts were as follows :—2 Fords of 7 cubic yard maximum capacity ; 1 Morris of 7 cubic yard maximum capacity; 1 Morris of 9 cubic yard maximum capacity; giving a total maximum capacity of 30 cubic yards. In practice, however, the working capacity of the 7 cubic yard vehicles, with a certain amount of packing, was 6 cubic yards, and of the 9 cubic yard vehicle, 8 cubic yards. Thus, a total working capacity of 26 cubic yards was available under the 2-vehicle relay system.

These vehicles were replaced by 2 end-loading, movable floor, 15 cubic yard vehicles and 1 Chelsea type of 10 cubic yard maximum capacity.

In practice, however, the maximum capacity, with packing, of the 15 cubic yard vehicles is 12 cubic yards—generally speaking, 10 cubic yards can be carried economically, as I consider that packing is a waste of time.

Reducing these vehicles to a working capacity of 10 cubic yards, and the 10 cubic yard vehicle to 9 cubic yards, a total working capacity of 29 cubic yards is available. It will be seen that an extra capacity of 3 cubic yards is normally available, with the further provision that, should circumstances require, owing to unforeseen difficulties, such as a breakdown or traffic congestions, a further packing space in the freighters of 4 cubic yards and 1 cubic yard in the Morris can be called upon as a reserve should it be necessary. In connection with this matter I should like to express the opinion that, until a vehicle can be introduced that will pack refuse mechanically, without loss of time to the loaders, no saving or advantage, which can be considered as worth while, will be produced.

In an analysis of the main points during the first 6 months of this system, the following figures may be of interest :—

Two-Vehicle Relay.		*Three-Vehicle Relay.*	
Houses collected :—		Houses collected :—	
8548 houses collected once a week (47-hour week).		8548 houses collected once a week (47-hour week).	
Loads collected :—		Loads collected :—	
Total	2168	Total	1579
Cubic yards	14030	Cubic yards	15273
Petrol consumption :—		Petrol consumption :—	
Total gallons	2028	Total gallons	1646

The diagram on page 35 illustrates the operation of the 3-vehicle system of refuse collection.

During the year 120,815 cubic yards (approximately 32,360 tons) of house and trade refuse were collected and disposed of at the Harford Refuse Tip.

In addition to this, 1442 loads of trade and other refuse were disposed of at the Harford Tip. This refuse is brought to the tip by various private firms in this City and, in this connection, the Health Committee make a minimum charge of 1/- per load for vehicles of 1 ton and under and a further charge of 1/- per ton is made according to the tonnage of the vehicle concerned.

Privy bin refuse is removed by the Night wagon, and during the year 57 loads of privy bin refuse were disposed of on farms.

The following shows the amount of house and trade refuse collected and taken to the tip by the various kinds of vehicles :—

Vehicles.	Cubic Yards.
Morris	69514
S.D. Freighters	25605
Ford	9006
S.D. Freighters (rear loading) ...	16690
	120815

Included in the above-mentioned figures are 1707 cubic yards of paper, which was collected in bags.

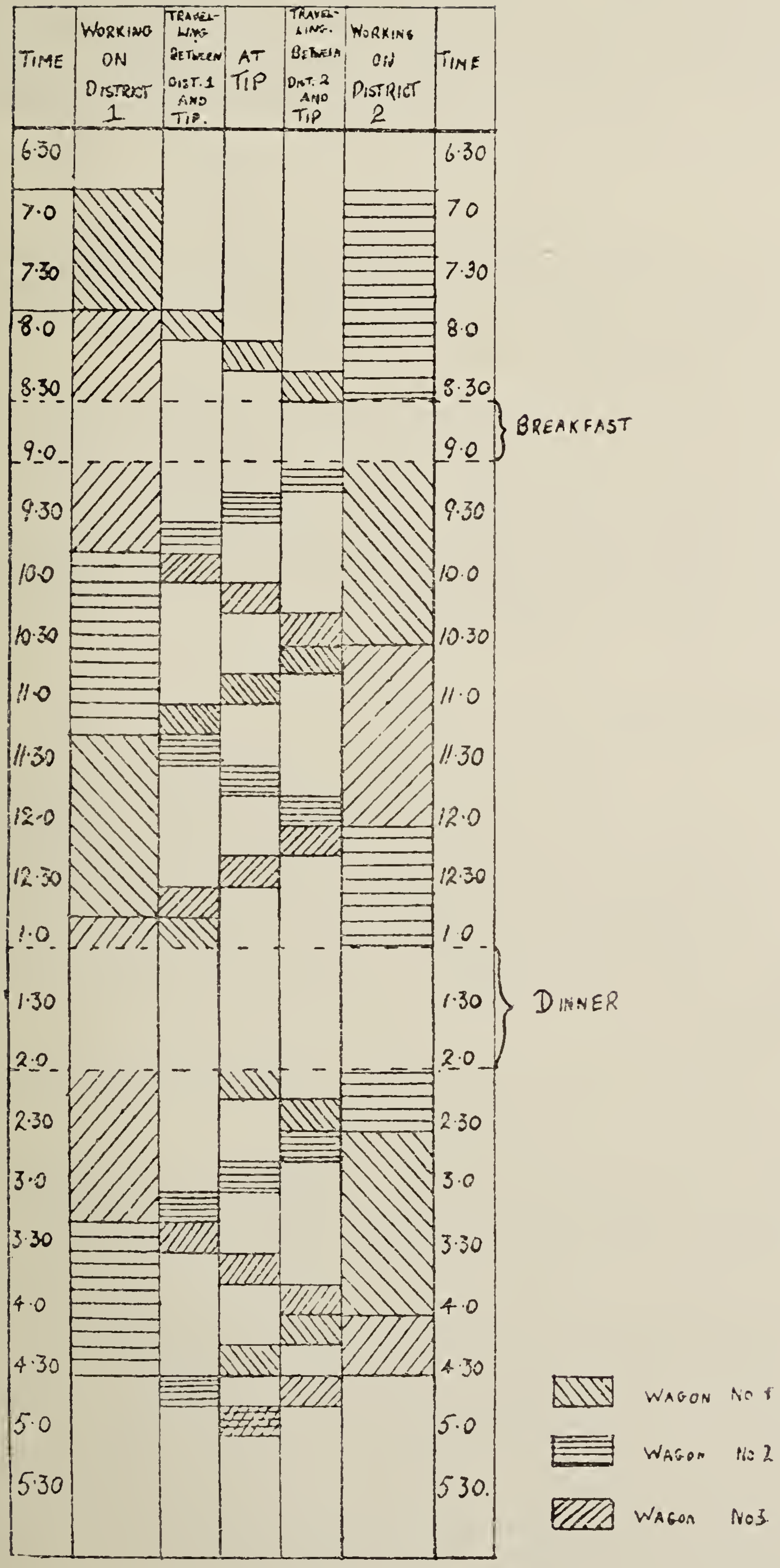
A weekly collection was given to all private dwelling-houses in the City, but hotels, restaurants, etc., have had their refuse collected 4 times per week.

Costing.

	Year ending 31/3/1934. Average of 83 County Boroughs.	Year ending 31/3/1934. Norwich.	Year ending 31/3/1935. Norwich. (Approx.)
Collection :—			
Weight per 1000 population ...	16.2 cwts.	14.9 cwts.	14.6 cwts.
Cost per 1000 population ...	£125	£118	£120
Cost per 1000 houses	£484	£391	£391
Cost per collection per house per week	2.23d.	1.81d.	1.81d.
Cost per ton	8/9d.	8/8d.	9/0d.
Disposal :—			
Cost per 1000 population ...	£54	£35	£36
Cost per 1000 houses	£208	£118	£117
Cost per ton	3/11d.	2/8d.	2/8d.

Fleet of Mechanical Vehicles in use 31st December, 1935 :—

Class of Vehicle.	No. of Vehicles.	Working Capacity of Body.	Year of Purchase.
Collection :—			
S.D. Freighter (movable floor)	2	10 cu. yds.	1935
S.D. Freighter (solid tyres)	4	9 cu. yds.	1929-1930
Morris (30 cwt.) ...	7	6 cu. yds.	1930-1931
Morris (Leaders) ...	3	8—9 cu. yds.	1931-1932
Ford	1	6 cu. yds.	1932
Disposal :—			
Ford	3	3 cu. yds.	1935


TIME
WORKING ON DISTRICT 1
TRAVELLING BETWEEN DIST. 1 AND TIP.
AT TIP
TRAVELLING BETWEEN DIST. 2 AND TIP
WORKING ON DISTRICT 2
TIME
6·30
7·0
7·30
8·0
8·30
9·0
9·30
10·0
10·30
11·0
11·30
12·0
12·30
1·0
1·30
2·0
2·30
3·0
3·30
4·0
4·30
5·0
5·30
BREAKFAST
DINNER
WAGON No 1
WAGON No 2
WAGON No3

Cleansing of Earth Closets, Privies, etc.

The premises at which 78 pans and 16 bins are situated have no sewer available. In the remaining cases the question of converting the privy pans to water closets is under consideration. Privy pans are emptied weekly, and privies when necessary.

Cesspools.

There are 390 cesspools in the City, and these are outside the sewerage system. This is an increase on the number previously existing, which is due to the building of houses on the outskirts of the City.

There is no appreciable alteration in the situation with regard to the cesspools in the City zone of protection along the river banks. Whilst a number of these cesspools appear to be impervious, the sewage in a number of cases is still being emptied on to the land adjoining, which is not far removed from the river. The City draws its water from the river, and the intakes are below these latter cesspools.

Norwich Corporation Act, 1933.

Section 80 of the above-mentioned Act gives the Corporation power to require the owner or occupier of any dwelling-house, warehouse, shop or other premises, to provide a sufficient number of covered galvanised iron dustbins in lieu of ashpits or ashtubs or other receptacles for refuse, and such dustbins shall be of such size and construction as may be approved by the Corporation.

The Health Committee has standardised the size of the portable galvanised iron dustbins under this Act as follows:—diameter, 16 ins.; depth, 20 ins.

During the year 6560 new dustbins were provided, and a large number of insanitary ashpits have been abolished. It was necessary to serve formal notices requiring the owners of 513 dwelling-houses to provide dustbins; 390 of these houses had been provided with proper receptacles at the end of the year. 1 owner was prosecuted for failing to provide a dustbin as required and a fine of 10/- was inflicted. It has also been necessary to draw the attention of a number of persons to the fact that dustbins are intended for the reception of dry refuse only and not for liquid or matter of a partly liquid character. The life of a dustbin is considerably lengthened if this small, yet important, matter is attended to.

SANITARY INSPECTION OF THE AREA.

The following is a summary of the principal work of the Sanitary Department during the year, and action taken under the various Public Health and Housing Acts or Bye-laws:—

12,626	Nuisances detected.
1,161	Notices served by order of the Health Committee.
3,808	Preliminary Notices served.
18,870	Premises re-inspected.
11,533	Nuisances have been abated.
4,809	Special complaints have been received, and the premises have been inspected.
434	Letters sent in order to obtain the abatement of nuisances, etc.
43	References to the City Engineer.
9	References to the City of Norwich Waterworks.
221	Special reports *re* overcrowding and unfit houses.

The following are the principal matters that have been dealt with:—

7	Insufficient Closets.
524	Unpaved or defectively paved yards and passages.
433	Choked and defective drains.
6,560	Insufficient dust receptacles.
147	Defective waterclosets.
35	Dirty houses.
6	Animals kept so as to be a nuisance.
1,433	Defective house roofs, floors, walls, etc.
12	Foul accumulations.
134	Defective eaves gutters and rain-water pipes.
31	Sinkwaste pipes defective or not disconnected.
32	Insufficient sinks.
9	Insufficient water supply.

Proceedings were taken against a person for distributing toys from a barrow used for collecting rags, etc., in contravention of Section 73 of the Public Health Act, 1925, and a fine of 5/- was inflicted.

Proceedings were also taken against a person for depositing refuse on waste land within 200 yards of the highway, and against the owner of the land for allowing waste refuse to accumulate within 200 yards of the highway. The cases were dismissed on the defendants undertaking not to use the waste land as a dump.

In one case the City Magistrates granted an order to enter a house in which a nuisance was suspected. A nuisance was found to exist, in that the premises were found to be dirty and contained an accumulation of rubbish. A formal notice was served and the matter was still proceeding at the end of the year.

Houses-Let-in-Lodgings.

210 visits were made during the year to houses-let-in-lodgings. 2 letters were sent to owners requesting the execution of certain repairs and alterations to make the premises comply with the requirements of the Bye-laws.

2 Statutory Notices have been served under the Bye-laws on owners who have failed to comply with these requests.

Common Lodging Houses.

The 3 common lodging houses were visited weekly and found to be conducted in a satisfactory manner.

Offensive Trades.

The number of offensive trade premises on the register at the end of the year was as follows:—

Fish Friers	94
Dealers in Rags, Skins, and Bones ...	15
Fellmongers	2
Fat Melter	1
Tripe Boiler	1
Waterproofing	1
Total	114

During the year 740 inspections of these premises were made.

Tents, Caravans and Sheds.

21 inspections of tents, caravans and sheds have been made to ensure that proper sanitary conveniences and sufficient water supply were provided as specified in the Bye-laws.

Underground Sleeping Rooms.

The Council prescribed Regulations under the Housing Town Planning, etc., Act, 1909, for the control of the underground sleeping rooms. I know of no underground room in the City which is used for sleeping purposes.

Piggeries.

44 visits have been paid to piggeries, and repairs carried out at the request of the Inspectors.

Sanitary Conditions of Theatres, Music Halls, Etc.

During the year 28 inspections were made and, on the whole, the conditions were found to be satisfactory, though the ventilation of some places of amusement is still very poor. However, this is a difficult matter to deal with at present.

Meetings of Owners and Tradesmen.

923 meetings have been held.

House Drains.

During the year 892 drains were tested or examined, and 364 found to be defective. 276 were reconstructed. 142 notices were served. In addition, 656 drains were tested or examined in Slum Clearance areas, etc., and 304 found to be defective.

Rats and Mice (Destruction) Act, 1919.

During the year the following work has been carried out:—

Complaints received		279
Number of new contracts signed (the occupier agreeing to pay for the services of the rat-catcher at the rate of 2/6d. per hour)		51
Number of baits laid—		
Free service	41,825	
Contract service	3,377	
		45,202
Number of rats known to be killed :—		
Free service	3,359	
Contract service	103	
		3,462

In addition to poison baits, dogs and ferrets, the gas machine with Cyanogas poison has been used on 60 occasions.

Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.

The necessary inspections for carrying out the Order as far as it refers to bakehouses, making of wearing apparel, where there is Scarlet Fever or Smallpox, and home work where there is infectious disease, have been made.

Factories and Workshops.

Total number of Workshops in the City	350
Total number of Factories in the City	487
Number of Outworkers' Premises visited	277

INSPECTION :—

Premises.	Number of Inspections.	Number of Written Notices.	Number of Occupiers Prosecuted.
Factories ... ... (Including Factory Laundries)	73	—	—
Workshops ... ... (Including Workshop Laundries)	884	15	—
Total ...	957	15	—

DEFECTS FOUND :—

Particulars.	Number of Defects. Found.	Remedied	Referred to H.M. Inspector	Number of Offences in respect of which Prosecutions were instituted
Nuisances under the Public Health Acts :—*				
Want of Cleanliness ...	36	24	—	—
Want of Ventilation...	2	2	—	—
Overcrowding ...	—	—	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances ...	13	5	6	—
Sanitary Accommodation:-				
Insufficient	6	3	—	—
Unsuitable or defective	11	9	—	—
Not separate for Sexes	—	—	—	—
Total ...	68	43	6	—

Offences under the Factory and Workshops Acts—Nil.

(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)

In no instances were the premises of outworkers engaged in the making of wearing apparel found to be unwholesome.

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* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshops Act, 1901, as remediable under the Public Health Acts.

Disposal of the Dead.

There are two cemeteries in the City, and a crematorium was being erected outside the City boundary at the end of the year.

RAG FLOCK ACTS, 1911 AND 1928.

Rag flock is manufactured at 1 wholesale factory in the City and 6 other premises use rag flock in the process of their business.

7 samples (5 formal and 2 informal) were taken from these premises during the year and 2 formal samples and 2 informal samples were certified as conforming with the standard. 3 formal samples were certified as not conforming with the standard of cleanliness. These 3 samples were all from the same manufacturers and legal proceedings were instituted against the firm, which was fined £1 and £1. 1s. 0d. costs.

Periodical inspections have been carried out at these premises during the year, and no infringement of the regulations was found.

SHOPS.

At the January meeting of the Council it was resolved that :—
"Power be delegated to the Health Committee to enforce the provisions of the Shops Acts, 1912—34, except the provisions relating to street trading."

To cope with these extra duties 2 additional inspectors (1 temporary) were appointed during the year. The special duties under the above Acts and Orders have now been delegated to 3 inspectors, and they commenced these duties on 1st February, 6th March, and 11th June respectively.

In addition to the duties under the Shops Acts, the 3 inspectors are also responsible for certain other premises connected with shops; for sanitary arrangements in offices, etc., under Section 22 of the Public Health Acts Amendment Act, 1890; and for the provision of water supply, washing up sinks with a sufficient supply of hot water, soap, towels, etc., in any room used for the preparation of food for sale, or for the sale of food under Section 69 of the Norwich Corporation Act, 1933.

The Health Committee considered the sanitary requirements of the Shops Act, 1934, and passed the following resolutions :—

1. Where persons of both sexes are employed in or about a shop, it shall be deemed to be provided with suitable and sufficient sanitary accommodation and washing facilities available for the use of such employees, if the total number of persons

employed (including the employer if occupied in the shop) does not exceed 6, and 1 water closet and washing facilities are available for the use of the employees.

2. Shops or other premises comprised in one building where sanitary conveniences and/or washing facilities are used jointly by 6 persons or under, be deemed to be provided with suitable and sufficient sanitary conveniences and washing facilities, provided the accommodation is accessible from all shops.

3. Shops where persons employed in the shop and occupiers of a dwelling-house in the same building have joint use of sanitary conveniences and/or washing facilities, under 6 persons of both sexes using such conveniences, be deemed to be provided with suitable and sufficient sanitary conveniences and washing facilities, provided the accommodation is accessible from the shops.

4. Certificates of exemption be not granted in respect of shops where more than 6 persons are employed, unless the occupier of the shop satisfies the Committee that, by reason of restricted accommodation or other special circumstances affecting the shop, it is not possible to provide separate sanitary accommodation and washing facilities for each sex, and that consideration be given to all applications under this heading on their merits.

5. Certificates of exemption be granted in respect of shops comprised in one building where suitable and sufficient sanitary accommodation and washing facilities are provided for both sexes in such building.

6. Certificates of exemption be granted in respect of lock-up and other shops where sanitary accommodation and washing facilities are not provided, if the persons employed are entitled to use the sanitary arrangements and washing facilities provided either in dwelling-houses or other buildings or public conveniences within reasonable distance from such shop. In such cases the occupier of the shop must produce evidence in writing as to the arrangements and must give a written undertaking that all such arrangements are free of cost to the persons employed in the shop.

With regard to sanitary accommodation in offices, the Health Committee passed the following resolution :—

The owners or occupiers of buildings used as offices where persons are employed, be required to provide suitable and sufficient sanitary accommodation, and such accommodation be deemed to be sufficient and suitable if it complies with the standard recommended for shops.

The following is a synopsis of the inspections made by the inspectors during the year :—

Premises.	Inspected.	Re-inspections.	Letters sent.
Shops	1729	2081	1069
Bakehouses	236	36	1
Offensive Trades ...	263	13	1
Preserved Meat	206	15	1
Ice-cream	169	6	—
Factories	59	14	—
Workshops	152	31	14
Restaurant Kitchens ...	147	8	—
Dairies	24	—	—
Offices	62	9	10
TOTALS ...	3047	2213	1096

The following are the numbers of exemptions which have been granted under the exemption facilities of the Act :—

40 Cases of insufficient sanitary conveniences.
8 Cases of sanitary conveniences not separate for the two sexes.
16 Cases of no proper washing facilities.

The following contraventions have been abated :—

Shops.

111 Insufficient sanitary conveniences.
130 Sanitary conveniences not separate for the sexes.
87 Sanitary conveniences not screened and ventilated.
102 Dirty and defective sanitary conveniences.
154 No proper washing facilities.
36 Insufficient refuse accommodation.
8 No proper facilities for meals.
3 Seating accommodation insufficient.
1 Defective sink.
1 Insufficient ventilation.
241 Proper records not being kept.
245 Seating accommodation form not displayed.
565 Notices *re* Shops Acts provisions not displayed.
437 Notices *re* half-day closing not displayed.
38 Insufficient meal and rest hours.
11 Insufficient half-holidays for assistants.
17 Employment of Young Persons above regulation hours.
21 Shops not closing half-day weekly.
14 Dirty and defective premises.
1 Light required to W.C.
3 Notices *re* adoption of 1913 Act not exhibited.

Other Premises.

Bakehouses.

1 Insufficient W.C.s.	3 Dirty premises.
2 Dirty W.C.s.	3 Defective premises.

Offensive Trades.

1 Insufficient ventilation to fish-cleaning premises.
1 No proper storage for fuel.
4 Dirty premises.

Preserved Meat Premises.

1 Dirty brinetubs.

Workshops.

9 Insufficient ventilated spaces to W.C.s.
5 Dirty W.C.s.
6 Dirty premises.
1 Defective floor.
2 Premises not lighted and ventilated properly.
1 Unsatisfactory premises.

Factories.

2 Insufficient W.C. accommodation.
8 Dirty premises.

Restaurant Kitchens.

4 Dirty premises.
1 Foul stone sink.
1 Unsatisfactory coal storage.

Offices, etc.

1 Insufficient W.C. accommodation.
1 Dirty W.C.
1 W.C. not ventilated and screened.

139 letters of warning have been sent by the Town Clerk to shopkeepers for contraventions of the Shops (Hours of Closing) Act, 1928. In 11 cases, contraventions were found after these letters had been sent, and proceedings were taken against the persons responsible; in 1 case a fine of 10/- was inflicted, in 8 cases fines of 5/- were inflicted, and the remaining 2 cases were dismissed with a caution.

1 person was cautioned for a contravention of the Norwich Weekly Half-Holiday (Barbers' and Hairdressers') Order, 1930; and another for a contravention of the Hairdressers' and Barbers' Shops (Sunday Closing) Act, 1930.

There were 6 contraventions of the Shops Act, 1934, relating to the employment of young persons. In 3 cases the Committee instructed the Town Clerk to send letters of warning, and in 3 cases proceedings were taken against the employers; 1 case was dismissed and the others were fined 5/- and 7/6d. respectively.

SMOKE ABATEMENT.

97 Smoke observations have been taken.

In 1 case black smoke issued for more than 2 minutes in the half-hour. A letter of warning was sent, and subsequent observations taken were satisfactory.

SWIMMING BATHS.

There are 5 swimming baths within the Borough. 3 are open-air swimming baths, taking their supply of water direct from the river, the river either flowing directly through the bath or partly diverted to flow through the bath. These baths are owned by the Local Authority. The other 2 swimming baths are covered-in baths and use the Corporation water supply. These 2 baths are privately owned.

The water of the open-air baths is not cleansed or sterilised. During the winter the baths are cleansed, and the vegetation on the sides and bottom of the baths is scraped off.

The water of the closed-in baths is cleansed by filtration and aeration, and sterilised by the Chloramine process. The turnover period in both baths is 4 hours.

The following are summaries of the analyses of samples taken from the baths during the swimming season :—

Open-air Baths.

Lakenham Bath.

8 samples were taken on 2 occasions for bacteriological analysis, and 2 samples were taken on 1 occasion for chemical analysis. The bacteriological counts per c.c. were 1700; 58,000; 28,200; 300; 400; 1750; 7800; and 21,000. In 7 samples B.Coli was found to be present in 0.1; 0.001; 0.001; 1.0; 0.1; 0.01; and 0.001 c.c. respectively. The chemical analyses gave satisfactory results.

Eagle Baths (2 baths situated together and taking supply from same source) and *Wensum Bath.*

One sample was taken from each bath for bacteriological and chemical analysis and was reported by the Public Analyst to be "fairly clean river water."

Covered-in Baths.

Private Swimming Bath A.

4 samples were taken on 2 occasions for bacteriological and chemical analysis.

The bacteriological counts per c.c. were 165,000; 150,000; 5600; and 1400 respectively. B.Coli was absent in 36 c.c. in all samples. The chemical analyses gave satisfactory results.

Private Swimming Bath B.

12 samples were taken on 5 occasions for chemical and bacteriological analysis. 1 sample was taken for examination for the presence of diphtheria bacilli, and 1 was taken for examination for the presence of monads; both gave negative results.

The bacteriological counts per c.c. were 18,000; 75,000; 720; 530; 21,700; 20,400; 198,000; 180,000; 22,200; 8600; 23,800; and 9100. The samples were usually taken between 11 a.m. and 12 noon, and the plates were made during the afternoon.

In 1 sample B.Coli was found to be present in 10 c.c.

4 chemical analyses of samples gave satisfactory results, the other 8 samples were stated by the Public Analyst to be of inferior quality. 2 were loaded with ammonia.

SCHOOLS.

The sanitary condition and water supply of the schools are dealt with on page 136, and infectious diseases in the schools receive comment on pages 153-158.

HEALTH EDUCATION.

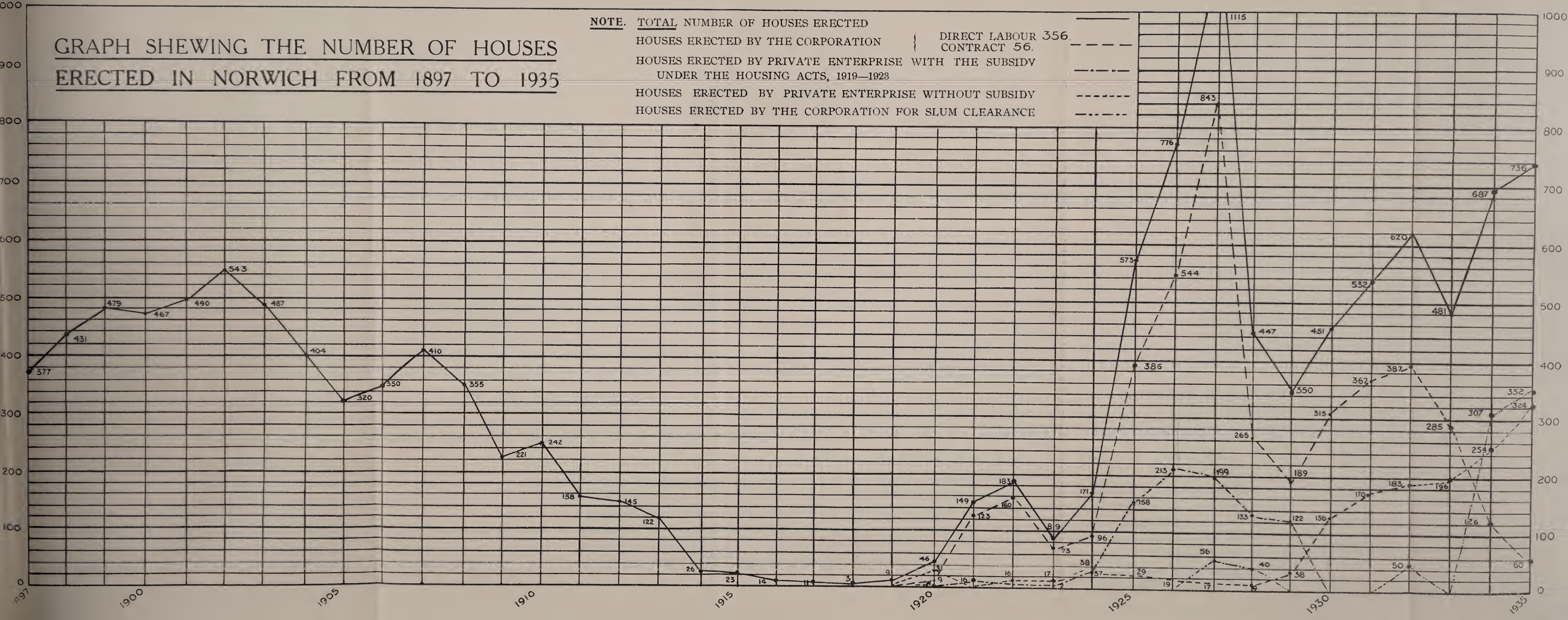
Education on health matters is provided at the Infant Welfare Centres, Maternity Homes and School Clinics, and by the visits of the Health Visitors to the homes; instruction in hygiene is given in the schools.

The Health Committee has also entered into arrangement for the supply of 2000 copies per month for three years of "Better Health," free of charge, for distribution amongst the citizens.

The film "Shall the Children Pay," consisting of propaganda against Venereal Diseases, was shown at the Norwich Hippodrome with the co-operation of the Health Committee. Approximately 7000 persons saw the film.

Following the showing of the film the Health Committee arranged, through the British Social Hygiene Council, for two lectures, illustrated by films, to be given each for males and females.

GRAPH SHEWING THE NUMBER OF HOUSES ERECTED IN NORWICH FROM 1897 TO 1935



HOUSING.

A further slight rise in the total number of houses erected took place during the year, but additional houses are still required and it is hoped that this increase will continue.

As against 481 in 1933 and 687 in 1934, 736 houses were erected this year. These were distributed as follows :—

Erected by the Corporation	Direct Labour	356	412
	Contract	56	
Erected by Private Enterprise	...	...	324

The projected clearance programme for 1935 was completed and some additions made.

22 Clearance Areas were declared by the Council and these were dealt with by 14 Clearance Orders and 8 Compulsory Purchase Orders. The number of houses involved was 664, with a population of 2033. 7 of these Orders were confirmed by the Minister of Health, 4 with modifications. The results of the public inquiries on the remaining Orders were not known at the end of the year. In addition, 1 Compulsory Purchase Order made in 1934 was confirmed by the Minister. The rehousing from the areas is in hand.

The areas dealt with were as follows :—

	Houses.	Population.
Compulsory Purchase Orders.		
82—128, Barrack Street	66	180
Little Bull Close	174	507
48—52, St. Stephen's Back Street ...	3	14
St. Saviour's Lane	23	47
Union Street—Sections A and B ...	85	279
Stonemason's Square—Sections A and B	69	240
Clearance Areas.		
Loyalty Court, St. Stephen's Street ...	22	43
Browne's Court, St. Stephen's Street ...	11	29
Rose Yard, St. Stephen's Street ...	9	25
Mancroft Yard, St. Peters	9	26
Foulger's Yard, Ber Street	6	13
Bennett's Yard, Ber Street	41	152
Globe Yard, Heigham Street	24	75
91—127, Midland Street—Sections A and B	56	197
St. Ann's Lane—Sections A and B ...	26	88
St. George Street—Sections A, B, and C	40	118
	664	2033

Action under Sections 19 and 20 of the Housing Act, 1930, was taken as follows:—

Demolition Orders	63
Closing Orders	35
Undertakings not to relet	24
Reconditioned	2
Individual unfit houses dealt with ...	124

81 families were rehoused from individual unfit houses during the year. 41 of these were under Orders made in 1934, 39 under Orders made in 1935, and 1 under an Order made in 1933.

Some improvement has taken place in the interval between dealing with the Areas and the rehousing of the tenants, but a definite lag is still noticeable. Whether it is possible to shorten this interim period it is difficult to say, but it certainly proves very trying to the tenants to have an interval of, frequently, 18 months elapse between the ministerial inquiry and rehousing.

An amendment in the 1935 Act repeals the provisions of the 1930 Act with regard to Improvement Areas. The Improvement Area was an unsatisfactory procedure, and the Area confirmed by the Minister some time back has proved most difficult to work in practice, and the result at the best is likely to be a poor one.

Many of the areas in the City listed originally under Circular No. 1138 as Improvement Areas, have been found, on more detailed inspection, to contain many more unfit houses than originally contemplated. This and the fact that additional unfit houses have been discovered will entail a very considerable extension to the Slum Clearance Programme originally submitted.

The overcrowding survey under the Housing Act, 1935, is now practically completed and the interesting, but not unexpected, fact has come to light that, outside listed clearance areas, over 60% of the overcrowding in the city exists on the Council's Housing Estates.

During the year, 28 Tuberculous families were rehoused on the recommendation of the Medical Officer of Health. The Council also agreed to erect 50 houses for persons suffering from Tuberculosis; so far, 20 of these houses have been occupied. In necessitous cases rehoused by the Council, under the Housing Act, 1930, assistance in the payment of rent was given to a maximum extent of 4/- per week; and in necessitous cases of Tuberculosis (see page 114). The scale in use is that adopted by the Health Committee.

Statistics.

1. Inspection of Dwelling-houses.

(1) (*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	8,922
(*b*) Number of inspections made for the purpose	24,772
(2) (*a*) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	1,944
(*b*) Number of inspections made for the purpose	3,741
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	124
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	1,692

2. Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers (including 936 in respect of which notices were served in 1934, and rendered fit in 1935)	2,837

3. Action under Statutory Powers.

A.—Proceedings under Sections 17, 18 *and* 23 *of the Housing Act,* 1930.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	63
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners (including 25 in respect of which notices were served in 1934, and rendered fit in 1935) ...	41
(*b*) By Local Authority in default of Owners	3

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	585
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(*a*) By owners (including 95 in respect of which notices were served in 1934, and remedied in 1935) ...	409
(*b*) By Local Authority in default of Owners	42

C.—Proceedings under Sections 19 *and* 21 *of the Housing Act,* 1930.

(1) Number of dwelling-houses in respect of which Demolition Orders were made	63
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	50

D.—Proceedings under Section 20 *of the Housing Act,* 1930.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	35
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	1

INSPECTION AND SUPERVISION OF FOOD.

(*a*) **Milk Supply :—**

WHOLESOMENESS AND DISTRIBUTION.

The quality of the milk from a chemical standpoint has been very good.

Some of the milk is produced within the City Boundary; a quantity comes in by rail; but by far the greater portion comes in by road from the districts surrounding Norwich. The type of premises used for storing still continues to improve.

The quantity of milk consumed by the population shows a slight decrease, the figures being as follows :—

Average number of pints per week sold in November, 1934 (197 returns received from milk-sellers)	367,461
Average number of pints per week sold in November, 1935 (191 returns received from milk-sellers)	354,328

This shows a decrease of 13,133 pints of milk per week, and the approximate average of .4 pints of milk per day per person in the City.

Cowkeepers—	
Number on Register	8
Number of Cows	213
Retail Milk Purveyors—	
Number on Register :—	
Residing in the City	140
Residing outside the City	80
Total	220
Number of Inspections of Dairies, Cowsheds, and Milk-shops	616

MILK AND DAIRIES ORDER, 1926.

In 3 cases proceedings were taken against persons for bottling milk on unregistered premises, and fines of £2, £1, and 5/- respectively were inflicted.

Proceedings were also taken against a person for failing to cause every vessel used by him containing skimmed milk to be so marked, and a fine of £1 was inflicted.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The demand for graded milks continued to increase, the average number of pints sold weekly during the year being :—

"Certified"	4,914
"Grade A (T.T.)"	5,680
"Grade A"	41,268
"Pasteurised"	94,200

The following licences to sell Graded Milks were granted :—

"Certified"	1
"Grade A (T.T.)"	10
"Grade A"	14
"Pasteurised"	1

57 samples of "Grade A (T.T.)", 119 of "Grade A", 15 of "Certified", and 26 of "Pasteurised" milk were bacteriologically examined. In 2 of "Grade A (T.T.)", 8 of "Grade A", and 1 of "Certified", B.Coli was present in excess; and in 5 cases of "Grade A", 1 of "Certified", and 2 of "Pasteurised" milk, bacteria were found in excess of the number allowed by the Order. In all cases letters of warning were sent to the vendors.

Bacteriological Examination of Ordinary Milk.

58 samples of ordinary milk were bacteriologically examined for the presence of bacteria, and the results gave an average of 147,750 bacteria per c.c. per sample. It is as well to point out that a considerable quantity of milk is pasteurised unofficially, or preheated, and no intimation given to the public. The number of samples taken for this purpose has been considerably reduced, as definite powers to follow up an unsatisfactory result with action, are very limited. Moreover, this decrease in the numbers of samples taken invalidates the comparison of the average bacteriological count with those of past years. However, the average bacteriological standard is probably improving somewhat.

The following tables show the results of the examinations of the individual samples of milk and also the individual producer's samples, and enables comparisons easily to be made.

The standards required by the Order are :—

"Certified"... ...	Not more than 30,000 bacteria per c.c. and no B.Coli in one-tenth of a c.c.
"Grade A (T.T.)" ...	Not more than 200,000 bacteria per c.c. and no B.Coli in one-hundredth of a c.c.
"Grade A"... ...	Same as for "Grade A (T.T.)".
"Pasteurised" ...	Not more than 100,000 bacteria per c.c.

"CERTIFIED"—BACTERIA PER C.C.

	Producer "A"	
8,500	192,500	1,020
5,700	2,030	2,560
8,500	1,050	1,720
2,050	3,630	1,810
2,010	1,760	4,700
	Av. 15,969	

"GRADE A (T.T.)"—BACTERIA PER C.C.

Producer "A"	Producer "B"	Producer "C"	Producer "D"	Producer "E"	Producers "F" (Mixed.)
6,800	18,700	10,600	18,700	1,910	2,700
4,600	15,600	15,100	5,000	1,910	9,400
2,600	7,500	5,700	2,600	3,500	6,700
2,700	2,700	4,500	5,600	910	5,960
20,600	6,700	2,700	4,500	4,600	1,040
149,500	2,980	3,500	—	480	—
3,700	1,980	5,760	—	1,990	—
1,990	2,030	26,500	—	2,930	—
6,700	2,960	6,500	—	2,700	—
2,660	—	7,560	—	1,730	—
8,330	—	—	—	1,810	—
3,730	—	—	—	2,560	—
1,970	—	—	—	1,800	—
2,560	—	—	—	—	—
9,400	—	—	—	—	—
Av. *15,189*	*Av.* *6,794*	*Av.* *8,842*	*Av.* *7,280*	*Av.* *2,218*	*Av.* *5,160*

GRADE "A"—BACTERIA PER C.C.

Producers "F" (Mixed.)	Producer "G"	Producer "H"	Producer "I"	Producer "J"	Producer "K"
4,500	15,800	7,700	4,800	5,700	860
5,700	—	1,820	12,600	3,600	1,790
5,030	—	2,830	8,700	2,980	4,700
2,700	—	1,770	1,600,000	3,700	1,890
810	—	2,800	25,000	3,900	850
5,660	—	3,560	86,000	—	1,750
—	—	—	4,960	—	2,030
—	—	—	5,530	—	—
—	—	—	5,700	—	—
Av. *4,067*	*Av.* *15,800*	*Av.* *3,413*	*Av.* *194,810*	*Av.* *3,976*	*Av.* *1,981*

Producer "L"	Producer "M"	Producer "N"	Producer "O"	Producers "P" (Mixed.)	Producer "Q"	Producer "R"
4,500	1,780	9,700	5,600	3,800	21,300	8,500
3,700	15,500	2,850	4,430	11,900	12,600	6,700
8,500	3,400	3,700	5,530	2,800	10,500	5,500
2,700	12,800	43,500	6,766	26,500	9,600	59,000
1,800	7,700	17,500	3,730	11,260	8,700	4,700
4,700	2,010	30,500	2,960	490,000	280,000	4,630
7,300	2,700	950,000	—	19,700	4,560	18,760
5,530	3,500	11,700	—	3,660	10,730	2,660
1,760	139,000	10,430	—	25,500	7,630	10,360
1,980	4,000,000	5,700	—	3,400	29,500	1,560
—	4,400	4,560	—	4,500	—	—
—	10,400	2,960	—	6,500	—	—
—	3,030	5,960	—	3,560	—	—
—	4,600	3,360	—	2,020	—	—
—	7,400	—	—	920	—	—
—	3,400	—	—	—	—	—
—	15,530	—	—	—	—	—
—	3,960	—	—	—	—	—
—	5,400	—	—	—	—	—
—	1,660	—	—	—	—	—
Av. *4,247*	*Av.* *212,408*	*Av.* *78,744*	*Av.* *4,836*	*Av.* *41,068*	*Av.* *39,512*	*Av.* *12,237*

"PASTEURISED"—BACTERIA PER C.C.

	Producer "P"	
17,600	2,080,000	1,860
10,500	98,000	3,830
30,000	35,000	10,700
9,500	9,600	13,630
4,800	3,000	7,630
9,500	28,000	9,560
6,500	8,560	7,660
34,500	158,000	26,000
12,800	10,560	—

Av. 101,819

"ORDINARY"—BACTERIA PER C.C.

No. of samples with less than 25,000 bacteria per c.c. ...	25
No. of samples with over 25,000 and less than 50,000 bacteria per c.c.	16
No. of samples with over 50,000 and less than 100,000 bacteria per c.c.	6
No. of samples with over 100,000 and less than 200,000 bacteria per c.c.	4
No. of samples with over 200,000 and less than 300,000 bacteria per c.c.	4
No. of samples with over 300,000 bacteria per c.c. ...	3
Total No. of samples taken	58
Average No. of bacteria per c.c. ...	*147,750*

AVERAGE NO. OF BACTERIA PER C.C.—ALL SAMPLES.

"Certified."	"Grade A" (T.T.)	"Grade A"	"Pasteurised"	"Ordinary"
15,969	8,218	70,616	101,819	147,750

SUMMARY *re* DESIGNATED MILKS.

	No. of Samples taken.	Up to standard.	No. found to contain :— excess bacteria and excess B. Coli.	excess bacteria only.	excess B. Coli only.
"Certified."					
Producer "A" ...	15	14	1	—	—
"Grade A (T.T.)"					
Producer "A" ...	15	13	—	—	2
,, "B" ...	9	9	—	—	—
,, "C" ...	10	10	—	—	—
,, "D" ...	5	5	—	—	—
,, "E" ...	13	13	—	—	—
,, "F" ...	5	5	—	—	—
Totals ...	57	55	—	—	2

"Grade A."

Producer "F"	6	6	—	—	—
,, "G"	1	1	—	—	—
,, "H"	6	6	—	—	—
,, "I"	9	6	1	—	2
,, "J"	5	5	—	—	—
,, "K"	7	7	—	—	—
,, "L"	10	10	—	—	—
,, "M"	20	19	1	—	—
,, "N"	14	13	—	1	—
,, "O"	6	6	—	—	—
,, "P"	15	13	1	—	1
,, "Q"	10	9	1	—	—
,, "R"	10	9	—	—	1
Totals	119	110	4	1	4

"Pasteurised."

Producer "P"	26	24	—	2	—

These figures are a decided improvement on those for the year 1934, and are encouraging to all concerned.

400 samples were taken from milk supplied by producers residing outside the City for examination by animal inoculation for the presence of tubercle bacilli. 43 samples were positive (10.75 per cent.) ; these 43 samples concerned 40 producers, and the cases were referred to the County Medical Officer of Health. This Officer informed me that 25 tuberculous cows were traced and slaughtered and that in 3 cases the infected cows had been sold and could not be traced. 3 cases were not completed at the end of the year. In the remaining cases the County Medical Officer reported that the results of the examination of the samples taken by his Department were negative. Of the 2 outstanding cases at the end of 1934, 1 tuberculous cow was traced and slaughtered; in the other case a negative result was returned.

58 samples were taken from milk producers in the City for similar examination. Two samples (3.45 per cent.) were found to contain tubercle bacilli. The two samples concerned two producers. In consequence of this, 33 samples were taken from the cows of the producers for examination; in one case 19 samples from separate cows, and in the other case 14 group samples from 60 cows. In the first case the infected cow had been previously sold on the market and could not be traced, and in the other case two cows were slaughtered as a result of the Veterinary Inspector's inspection.

Samples were taken from 79 City cows, three of which proved to be tuberculous (3.8 per cent.).

Six samples of cream and nine samples of milk and/or cream cheeses were also taken for examination by animal inoculation for the presence of tubercle bacilli, and all were certified as negative.

THE MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, AND THE MILK AND DAIRIES (AMENDMENT) ACT, 1922.

No proceedings were taken under the above Acts.

(*b*) **Meat and other Foods.**

All meat found to be diseased and unfit for food is destroyed, the same being taken to and put in a digester. The tables on pages 58-61 show the quantity of meat which has been destroyed as being unfit for human food.

OTHER FOODS EXAMINED, CONDEMNED AND DESTROYED, AS BEING UNSOUND AND UNFIT FOR HUMAN CONSUMPTION.

FISH :—

156¼ stones of of various kinds of fish, roes, etc.
23 pecks of shrimps.
70 crabs.
17 bags of mussels.

TINNED FRUITS :—

5 tins of Apricots.
431 tins of Cherries.
4 tins of Fruit Salad.
3 tins of Grapefruit.
1 tin of Oranges.
53 tins of Pineapples.
57 tins of Plums.

OTHER ARTICLES :—

4 stones of Bacon.
1 ton of Cheese.
120 Rabbits.
18 peds of Pears.
52 pounds of Walnuts.

In one case proceedings were taken under Section 116 of the Public Health Act, 1875, for exposing for sale 52 pounds of walnuts, which were unfit for human consumption, and a fine of 10/- was inflicted.

MERCHANDISE MARKS ACT, 1926.

A letter of warning was sent by the Town Clerk to one firm for contravention of Orders made under the above Act.

CARCASES, PARTS OF CARCASES AND ORGANS EXAMINED, CONDEMNED AND DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS.

Kind of Animal.	Disease or Condition.	Whole Carcases and Offals.	Dia-phragms.	Hearts.	Heads.	Kidneys.	Livers.	Lungs.	Mesenteric Fats.	Meat, lbs.	Spleens.	Stomachs.	Tongues.	Omen-tums.	Udders.	Sweet-breads.
Oxen	Abscesses ...	—	8	2	3	—	148	14	—	100	1	—	3	—	1	—
	Actinomycosis ...	1	—	—	167	—	1	5	—	—	—	—	168	—	—	—
	Angiomatosis ...	—	—	—	—	—	39	—	—	—	—	—	—	—	—	—
	Bruising	1	—	—	—	—	—	—	—	85	—	—	—	—	—	—
	Cirrhosis	—	—	—	—	—	110	—	—	—	—	—	—	—	—	—
	Congestion ...	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—
	Cystic	—	—	—	—	16	—	—	—	—	—	—	—	—	—	—
	Decomposition ...	—	—	—	—	—	1	—	1	304	—	—	6	—	—	2
	Distomatosis ...	—	—	—	—	—	19	12	—	—	—	—	—	—	—	—
	Echinococcus ...	—	—	—	—	7	1	2	—	—	—	—	—	—	—	—
	Emaciation ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Fatty Degeneration	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Glossitis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
	Infarcts	—	—	—	—	19	—	—	—	—	—	—	—	—	—	—
	Inflammation ...	—	1	—	—	—	—	—	—	—	2	—	1	—	—	—
	Mastitis	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
	Melanosis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Moribund	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Necrosis	—	—	—	—	4	6	—	—	—	—	—	—	—	—	—
	Nephritis	—	—	—	—	22	—	—	—	—	—	—	—	—	—	—
	Œdema	3	—	—	1	—	—	—	—	126	—	—	1	—	—	—
	Pentastomum Denticulatum	—	—	—	—	—	1	2	26	—	—	—	—	—	—	—

Calves	Congestion ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
	Cystic	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Fatty Infiltration ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Fevered	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Melanosis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
	Uræmia	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sheep	Abscesses ...	—	—	1	1	—	1	3	—	—	1	1	1	—	—	—
	Cirrhosis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Congestion ...	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—
	Cystic	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—
	Distomatosis ...	—	—	—	—	—	8	—	—	—	—	—	—	—	—	—
	Echinococcus ...	—	—	—	—	—	4	2	—	—	—	—	—	—	—	—
	Inflammation ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
	Moribund ...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Necrosis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Œdema	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
	Pericarditis ...	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
	Pleurisy	—	—	1	—	—	1	3	—	40	—	—	—	—	—	—
	Pneumonia ...	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
	Strongyles ...	—	—	—	—	—	15	17	—	—	—	—	—	—	—	—
Pigs	Abscesses ...	—	—	—	3	—	1	—	—	64	—	—	3	—	—	—
	Cirrhosis	—	—	2	—	—	121	2	—	—	—	—	—	—	—	—
	Congestion ...	—	—	2	—	—	2	100	—	—	—	—	—	—	—	—
	Cystic	—	—	1	—	6	10	1	—	—	1	—	—	—	—	—
	Decomposition ...	—	1	3	—	—	3	3	2	112	1	—	1	—	—	—
	Echinococcus ...	—	—	—	—	3	26	1	—	—	—	—	—	—	—	—
	Emaciation ...	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Fevered	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Fibrosis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
	Hæmorrhage ...	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
	Carried forward	21	11	14	176	79	530	192	29	899	6	1	185	—	3	2

CARCASES, PARTS OF CARCASES AND ORGANS EXAMINED, CONDEMNED AND DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS—*continued.*

Kind of Animal.	Disease or Condition.	Whole Carcases and Offals.	Dia-phragms.	Hearts.	Heads.	Kidneys.	Livers.	Lungs.	Mesenteric Fats.	Meat, lbs.	Spleens.	Stomachs.	Tongues.	Omen-tums.	Udders.	Sweet-breads.
	Brought forward ...	21	11	14	176	79	530	192	29	899	6	1	185	—	3	2
Pigs	Inflammation ...	—	2	9	1	—	14	14	2	10	1	—	1	—	—	—
	Necrosis	—	—	—	—	1	7	—	1	—	—	—	—	—	—	—
	Neoplasm ...	—	1	—	—	—	1	1	3	—	—	—	—	—	—	—
	Nephritis	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
	Œdema	6	—	—	—	—	—	—	—	5	—	—	—	—	—	—
	Pericarditis ...	—	—	20	—	—	—	—	—	—	—	—	—	—	—	—
	Pleurisy	—	1	—	—	—	—	22	—	32	—	—	—	—	—	—
	Pneumonia ...	2	—	—	—	—	—	175	—	—	—	—	—	—	—	—
	Rupture	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
	Strongyles	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—
	Swine Erysipelas ...	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deer	Decomposition ...	—	—	—	—	—	—	—	—	30	—	—	—	—	—	—
	Totals ...	35	15	43	177	81	554	407	35	976	9	1	186	—	3	2

CARCASES, PARTS OF CARCASES AND ORGANS EXAMINED, CONDEMNED AND DESTROYED FOR TUBERCULOSIS.

Kind of Animal.	Whole Carcases and Offals.	Dia-phragms.	Hearts.	Heads.	Kidneys.	Livers.	Lungs.	Mesen-teric Fats.	Meat, lbs.	Spleens.	Stomachs.	Tongues.	Omen-tums.	Udders.	Sweet-breads.
Oxen	61	15	16	297	4	156	502	277	306	5	—	297	—	2	—
Calves	2	—	3	1	—	4	3	—	—	—	—	1	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	40	—	143	622	—	206	191	661	103	1	—	622	—	—	—
Totals	103	15	162	920	4	366	696	938	409	6	—	920	—	2	—

SUMMARY.

Tuberculosis	103	15	162	920	4	366	696	938	409	6	—	920	—	2	—
Other Diseases	35	15	43	177	81	554	407	35	976	9	1	186	—	3	2
Totals	138	30	205	1097	85	920	1103	973	1385	15	1	1106	—	5	2

SLAUGHTER-HOUSES.

	In 1920.	In Dec., 1934.	In Dec., 1935.
Registered ...	13	10	10
Licensed ...	18	16	16
	31	26	26

5614 visits have been paid to slaughter-houses. They are visited as far as practicable on killing dates, and a majority of animals slaughtered and intended for the food of man are inspected (see tables on pages 58-61).

In 6 cases proceedings were taken against butchers under Section 116 of the Public Health Act, 1875, for having in their possession, for the purpose of sale, meat unfit for human consumption. Fines of £2, £2, £1, £1, and £1 respectively were inflicted, and 1 case was dismissed.

In 2 cases proceedings were taken against vendors under Section 71 of the Norwich Corporation Act, 1933 for selling meat in such a condition as to be liable to be seized and condemned under Section 117 of the Public Health Act, 1875. In 1 case a fine of £2 was inflicted, and the other case was dismissed.

Proceedings were also instituted against a slaughterer for failing to give notice that carcases were diseased, and a fine of £5 was inflicted, with £3 costs.

SLAUGHTER OF ANIMALS ACT, 1933.

6 slaughtermen were granted licences to slaughter or stun animals in a slaughter-house or knacker's yard under the Slaughter of Animals Act, 1933.

In 1 case a letter of warning was sent by the Town Clerk to a butcher in respect of "animals not being slaughtered without the infliction of unnecessary suffering."

MARKETS.

The Fish Market has been visited and inspected frequently.

The Inspectors are on duty on market days at varying times for the purpose of inspecting the meat, poultry, fish, fruit, vegetables, and other foods, etc., exposed for sale at the Provision Market. On occasions it has been found necessary to deal with various articles of food which were unfit for human consumption.

BAKEHOUSES.

Number of Bakehouses on Register ...	114
Visits paid to Bakehouses	464

CHEMICAL EXAMINATION OF FOOD.

Article.	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
Almonds (Ground)	1	—	1	—	—	—
Baking Powder	—	1	—	1	—	—
Beef Extract	—	2	—	2	—	—
Beer	4	—	4	—	—	—
Bicarbonate of Soda	—	1	—	1	—	—
Brandy	1	—	1	—	—	—
Bread and Butter	—	2	—	2	—	—
British Wine (Port style)	—	1	—	—	—	1
Butter	1	5	1	5	—	—
Catsup (Tomato)	—	2	—	1	—	1
Cheese	1	—	1	—	—	—
Cheese (Cream)	—	1	—	1	—	—
Cherries (Glacé)	1	—	1	—	—	—
Cherry Cider	1	—	1	—	—	—
Chocolate Roll	1	7	—	4	1	3
Coffee	1	1	1	1	—	—
Cornflour	—	1	—	1	—	—
Cream	—	1	—	1	—	—
Cream (Tinned)	—	2	—	2	—	—
Cream Cauliflower	1	—	1	—	—	—
Cream Layer Sponge Cake	—	1	—	1	—	—
Cream Puffs	—	1	—	1	—	—
Currants	1	—	1	—	—	—
Carried forward	14	29	13	24	1	5

CHEMICAL EXAMINATION OF FOOD—*continued.*

Article.	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
Brought forward	14	29	13	24	1	5
Custard Powder	—	1	—	1	—	—
Egg Powder	—	1	—	1	—	—
Flour	1	1	1	1	—	—
Fruit Shandy	1	—	1	—	—	—
Gin	1	—	1	—	—	—
Ginger (Ground)	1	—	1	—	—	—
Golden Syrup	—	1	—	1	—	—
Grape Fruit	1	—	1	—	—	—
Gravy Salt	—	1	—	1	—	—
Gregory Powder...	3	1	—	—	3	1
Honey	—	1	—	1	—	—
Ice Cream	8	—	8	—	—	—
Jam	—	2	—	2	—	—
Jellies	3	1	3	1	—	—
Lard	—	1	—	1	—	—
Lemonade	1	—	1	—	—	—
Lemon Barley Water	1	—	1	—	—	—
Lime Juice Cordial	4	—	4	—	—	—
Liquorice Powder	—	1	—	1	—	—
Luncheon Sausage	—	3	—	3	—	—
Malt Extract with Cod Liver Oil	—	1	—	1	—	—
Margarine	—	1	—	1	—	—
Carried forward	39	46	35	40	4	6

CHEMICAL EXAMINATION OF FOOD—*continued.*

	Samples taken.		Samples genuine.		Samples adulterated.	
	Formal.	Informal.	Formal.	Informal.	Formal.	Informal.
Brought forward	39	46	35	40	4	6
Milk	192	—	153	—	39	—
Milk (Condensed)	—	1		1	—	—
Milk (Separated)	1	—	1	—	—	—
Milk (Skimmed)	—	1	—	1	—	—
Mustard	—	1	—	1	—	—
Nutmeg	—	2	—	2	—	—
Oats	—	1	—	1	—	—
Peas (Tinned)	—	3	—	3	—	—
Peel (Mixed)	1	—	1	—	—	—
Pepper	—	2	—	2	—	—
Potted Meat	—	4	—	4	—	—
Raisins	1	—	1	—	—	—
Rhubarb (Tincture of)	1	1	1	1	—	—
Rum	1	—	1	—	—	—
Salt	—	1	—	1	—	—
Sausages	2	13	2	13	—	—
Suet (Beef)	—	2	—	2	—	—
Sultanas	3	—	3	—	—	—
Sweets	—	2	—	2	—	—
Tartar (Cream of)	—	1	—	1	—	—
Tartarated Iron	1	1	—	—	1	1
Tartaric Acid	—	1	—	1	-	—
Tea	—	1	—	1	—	—
Vinegar (Malt)	2	1	2	1	—	—
Whisky	2	—	2	—	—	—
Totals	246	85	202	78	44	7

Cleansing and limewashing have been carried out during the months of April and October, and the premises have been found to be kept in as reasonably a satisfactory condition as there are powers to enforce. During the past year some of the bakehouse premises have been improved by the provision of new floors, repairs to walls and ceilings, the provision of proper accommodation for the storage of fuel, etc., and improvements are still being proceeded with. However, many of them are deplorably unsatisfactory with regard to structure and arrangements, being old, dark, and full of corners and, moreover, they are not kept in that state of scrupulous cleanliness one would like to see associated with any article of food for human consumption, but it is not suggested that the bakehouses in this City are any worse than those in other places in the country.

MARGARINE.

The necessary inspections have been made of premises to see if margarine was sold, and where such was the case, to see that the requirements of the Food and Drugs (Adulteration) Act, 1928, relating to margarine were carried out.

(*c*) **Adulteration.**

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

During the year, 331 samples of food and drugs were submitted for analysis. This number is inclusive of 85 samples which were taken informally. Details of the samples taken are shown in the tables on pages 63-65.

In addition to these, 459 samples of milk were tested informally by the Gerber process; 36 were not up to standard and subsequent formal samples were submitted to the Public Analyst for analysis, 18 of which were certified "Genuine."

27 samples of milk were taken on Sundays.

The following actions were taken against vendors :—

Case. No.	Article.	Offence.	Fine.	Costs.	Other Action.
1	Milk ...	6% Deficient in milk fat	10/-	15/-	—
2	,, ...	8% Do. ...	10/-	15/-	—
3	,, ...	13% Do. ...	—	—	Dismissed.
4	,, ...	5% Do. ...	—	—	Cautioned.
5	Tartarated Iron	Containing arsenic (arsenious oxide) 50 parts per million	—	—	Cautioned.

Case. No.	Article.	Offence.	Fine.	Costs.	Other Action.
6	Gregory Powder	Not in accordance with the British Pharmacopœia, 1932, which requires 65% of Magnesium Carbonate	—	—	Cautioned.
7	,,	Do.	—	—	Cautioned.
8	,,	Do.	—	—	Cautioned.
9	Milk	2% Deficient in milk fat	—	—	Cautioned.
10	,,	1% Do.	—	—	Cautioned.
11	,,	5% Do.	—	—	Cautioned.
12	,,	11% Do.	—	—	Dismissed.
13	,,	6% Do.	10/-	—	—
14	,,	6% Do.	—	—	Dismissed.
15	,,	7% Do.	—	—	Cautioned.
16	,,	20% Do.	—	—	Cautioned.
17	,,	17% Do.	—	—	Cautioned.
18	,,	8% Do.	—	—	Cautioned.
19	,,	1% Do.	—	—	Cautioned.
20	,,	22% Do.	—	—	Cautioned.
21	,,	10% Do.	—	—	Cautioned.
22	,,	6% Do.	—	—	Cautioned.
23	,,	2% Do.	—	—	Cautioned.
24	,,	42% Do.	—	—	Cautioned.
25	,,	10% Do.	—	—	Cautioned.
26	,,	2% Do.	—	—	Cautioned.
27	,,	6% Do.	—	—	Dismissed.
28	,,	19% Do.	—	—	See No. 29.
29	,,	9% Do	—	—	Dismissed.
30	,,	3% Do.	—	—	Cautioned.
31	,,	5% Do.	—	—	Cautioned.
32	,,	22% Do.	—	—	Dismissed.
33	,,	1% Do.	—	—	Cautioned.
34	,,	18% Do.	20/-	15/-	—
35	,,	9% Do.	—	—	Cautioned.
36	,,	32% Do.	30/-	15/-	—
37	,,	31% Do.	—	—	Dismissed.
38	,,	3% Do.	—	—	Cautioned.
39	,,	5% Do.	—	—	Cautioned.
40	,,	2% Do.	—	—	Cautioned.
41	,,	3% Do.	—	—	Cautioned.
42	Chocolate Sponge Roll	Cocoa powder less than 1%	—	—	Cautioned.
43	Milk	6% Deficient in milk fat	—	—	Dismissed.
44	,,	6% Do.	—	—	Dismissed.

THE PUBLIC HEALTH (DRIED MILK) REGULATIONS, AND THE PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923 and 1927.

2 informal samples were taken under these regulations, and certified genuine.

ARTIFICIAL CREAM ACT, 1929.

1 application was granted for registration of premises in the City where Artificial Cream is manufactured, sold, or exposed or kept for sale for human consumption. There are now 3 such premises registered with the Local Authority.

NORWICH CORPORATION ACT, 1933. (Section 67.)

(Registration of ice-cream and preserved meat manufacturers and premises.)

Instructions with regard to the lighting, ventilation and cleanliness of the premises, the provision of washing accommodation, the cleanliness of utensils and persons employed in these trades have been issued to every applicant for registration. The making or storage of ice-cream in a common courtyard is prohibited.

The undermentioned applications for registration have been dealt with :—

	1934.	Granted 1935.	Total.	With-drawn, 1935.	Remaining on Register.
Ice-cream ...	86	40	126	—	126
Preserved Meat	156	28	184	21	163

Registration was not granted until the necessary alterations had been made to make the premises comply with the requirements of the Health Committee.

THE PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS, 1925—1927.

All samples taken were also submitted for analysis under these regulations during the year. 1 informal sample was found to contain preservatives in excess. Formal samples were taken in 1936, and prosecutions are proceeding.

(*d*) Chemical and Bacteriological Examination of Food.

The chemical examination of food is carried out by the City Analyst (see pages 63-65). Bacterial counts in milk are carried out by the Clinical Research Association, and the testing of milk for Tubercle Bacilli has been done by the Lister Institute. Water is analysed chemically and bacteriologically by the City Analyst. Laboratory arrangements are referred to on page 23.

(*e*) Nutrition—Dissemination of Knowledge.

No special arrangements for the dissemination of knowledge on nutrition have been made. Advice is given to parents when they attend at the school clinics, school medical inspections and infant welfare centres and to mothers attending the antenatal clinics. "Health Suggestions for Teachers," which includes instructions on the question of diet, are issued to the schools.

MATERNITY AND CHILD WELFARE

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES.

(*a*) **Midwives.** The Local Authority has in its service at the Maternity Home a Matron and 6 trained midwives, working in the Ward or on the District; and occasionally pays other midwives for temporary assistance. The number of midwives practising in the City on the 31st December was 36, including 6 midwives who reside outside the area but who occasionally practise within the area.

The midwives in the City attended 1150 confinements, including still-births, during the year. Medical aid has been required by midwives, including those at the Maternity Home, on 444 occasions for 381 mothers, and on 58 occasions for 53 babies, the medical fees being paid in whole or in part by the Corporation in 116 cases.

(*b*) **The City of Norwich Maternity Home,** from which District cases are also attended, has 15 beds, an Isolation bed and 2 Labour Wards, a babies' nursery with a balcony, and a babies' bathroom. The administrative supervision of the Home and District is carried out by one of the Assistant Medical Officers of the Public Health Department. A consultant surgeon and a consultant obstetrician can be called in for cases of difficult labour, etc.

The permanent staff consists of a Matron, Sister and 5 midwives and the maximum number of pupils to receive training at any one time is 5. The district staff is kept distinct from the internal staff. The Home is recognised by the Minister of Health for the purposes of grant in aid of the training of midwives, and at the end of the year 4 pupils were undergoing training in midwifery.

6 pupils who received training at the Home passed the examination of the Central Midwives Board in 1935.

During the year, 360 women were confined in the Home and 229 were attended on the District, a total of 589 confinements. In 9 home cases and 62 district cases, Doctors had been engaged by the patients. In accordance with the instructions of the Committee, 22 other cases were transferred to private nursing homes and 3 cases to district midwives, owing to all the beds in the Home being occupied at that time.

361 live births (including 8 sets of twins) occurred in the Home and 219 (including 5 twin babies) on the District—a total of 580 or 33.7% of the City live births registered. With the 81 live births at the Infirmary added to this, the Council's Staff attended 38.4% of the total City live births registered.

There were 6 still-births and 1 miscarriage in the Home and 9 still-births and 3 miscarriages on the District.

1 case of Puerperal Fever occurred in a district case. The patient was removed to the Isolation Hospital for treatment and recovered.

10 cases of Puerperal Pyrexia were notified—6 from the Home and 3 on the District. 5 Home cases and the 3 District cases were removed to the Isolation Hospital. In addition, 1 case who had been transferred to a private nursing home, owing to all the beds at the Maternity Home being occupied, developed Puerperal Pyrexia. This case was removed to the Isolation Hospital. There were no deaths. The final diagnoses of the Home cases were :—Retained Fragment of Placenta, 1; Manual Removal of Adherent Placenta, 1; Phlebitis, Pyelitis and Recto-Vaginal Fistula, 1; Endometritis, 1; Cervicitis, 1; Sapræmia, 1. The diagnoses of the district cases were :—Cervicitis, 1; Retained Membrane, 1; Post-Partum Hæmorrhage, with Manual Removal of Placenta, 1. The final diagnosis of the case which was delivered in the private nursing home was Cervicitis.

The growth of the work at the Maternity Home is illustrated by the following figures, which show the numbers of cases dealt with :—

	1923	1924	1925	1926	1927	1928	1929
In the Home ...	59	115	176	237	223	241	303
On the District ...	239	200	193	209	211	265	212
Totals ...	298	315	369	446	434	506	515

	1930	1931	1932	1933	1934	1935
In the Home ...	308	302	330	319	350	360
On the District ...	245	269	231	276	298	229
Totals ...	553	571	561	595	648	589

Further cases applied for admission to the Home but had to be refused owing to lack of accommodation. The ante-natal Clinics are held at the Maternity Home and are referred to on page 74.

(*c*) **Public Assistance Institution.** At the Public Assistance Institution 5 beds are provided for Maternity cases. 85 cases were admitted during the year, and the average duration of stay was 17.94 days.

4 cases of Puerperal Pyrexia and 1 case of Puerperal Fever were notified—all recovered. The final diagnoses of the cases of Puerperal Pyrexia were :—Mild Sapræmia, 1; Cold, 1; Retained Blood Clot and Mild Sapræmia, 1; Reactionary following surgical induction of labour, owing to severe albuminuria, 1.

(*d*) **Ante-Natal Clinics,** with a medical officer in attendance, are held at the Maternity Home on Tuesday and Friday afternoons and Monday mornings. An additional clinic on Monday afternoons, with the Matron in attendance, was established in April, but women attending this clinic are seen by the medical officer at some time during their period of attendance. 601 mothers, representing an equivalent of 33.9% of the total number of registered City births (including still-births), attended the clinics during the year; these made 3558 attendances, the average attendance per session at which the medical officer was present being 22.4 and at which the Matron was present 5.3. The average attendance per session at which the medical officer was present was 20 for the year 1934. In addition, 63 women made 66 post-natal attendances at these clinics.

The following table shows the results of the examinations of Blood Specimens which have been sent through the Ante-Natal Clinics to the Norfolk and Norwich Hospital for Wasserman Test:—

Year.	Positive.	Doubtful.	Negative.	Total.
1930	5	0	13	18
1931	3	0	13	16
1932	6	4	23	33
1933	5	3	18	26
1934	5	5	22	32
1935	8	1	52	61

Smears for examination for gonococcal infection are examined in the Ante-Natal Department.

Some midwives in the City are in the habit of bringing difficult cases to the ante-natal clinics for assistance from the medical officer in charge. 11 cases were referred to the Ante-Natal Clinic by general practitioners and 38 by midwives. This is a very desirable improvement and it is hoped that the practice will spread.

Ante-Natal Clinics are also held at the Norfolk and Norwich Hospital weekly, at which City and County persons, booked for admission to the Maternity Ward at that Institution, attend. The Secretary of the Hospital states that during the year 258 attendances were made by 116 City and County patients.

(*e*) **Infant Welfare Centres.** No additional centre was opened during the year, but it became necessary in June, on account of the large number of persons attending, to arrange for an additional medical officer to be in attendance at the Centre at the Methodist Hall, Southwell Road, and in October for an additional session to be held on Monday mornings at the Centre at St. Catherine's Parish Hall. To deal with the question of overcrowding at St. Catherines Centre, the Maternity and Child

INFANT WELFARE CENTRES.

Name of Centre.	When Held.	No. of Sessions.	No. of New Cases Attended.	Total No. of Cases Attended.	Total Attendants seen by Medical Officers.		No. of Attendances.		Average Attendances per Case.
					Total.	Average per Session.	Total.	Average per Session.	
Martineau Hall, Colegate.	Tuesday p.m. Friday p.m.	53 50	115 127	372 374	2423 2415	46 48	2631 2784	50 56	7.1 7.4
The Methodist Hall, Southwell Road. (2 M.O.s since June 3rd)	Monday p.m.	48	132	479	3507	73	4342	90	9.1
St. Barnabas' Parish Hall, Russell Street.	Tuesday a.m.	53	181	554	3180	60	4401	83	7.9
St. Julian's Parish Hall, Thorn Lane.	Wednesday a.m.	51	94	361	2781	55	3034	59	8.4
Thorpe Hamlet.	Wednesday p.m.	51	135	469	2753	54	3499	69	7.5
Catton Church Room, Magdalen Road.	Thursday a.m.	50	136	359	2205	44	3001	60	8.4
Eaton Parish Room, Colman Road.	Thursday p.m.	51	118	347	2191	43	2556	50	7.4
St. Catherine's Parish Hall, Aylsham Road.	Monday a.m. from Oct. 21st & Friday a.m.	61	179	695	4288	70	4671	77	6 7

Welfare Committee is considering the question of providing an additional centre in the Mile Cross—Catton Grove area.

The average attendance of children per session at all the Centres was 66.1, compared with 70 for the previous year. 10,249 attendances were made by children under one year; 6277 by children between 1 and 2 years and 14,393 by children between 2 and 5 years—a total of 30,919. 1217 children were brought to the Centres for the first time during the year; 963 being under 1 year of age. Children were seen by the Medical Officers in charge on 25,743 occasions, an average of 55 per session.

4010 children attended the Centres during the year, their ages at the end of the year being :—under 1 year of age, 879; between the ages of 1 and 5 years, 3131.

The infantile mortality rate (48.23) had a slight rise as compared with 1934, but as there was only 1 more infant death this slight rise is chiefly due to the decrease in the number of births. The rate remains moderately satisfactory. However, the fact that one only expresses qualified approval of such a rate marks the progress we have made since the days when the infantile mortality rate was in the neighbourhood of 150. A glance at Table 1, giving the Infantile Deaths, shows that, apparently, we are making no progress at all in the prevention of neo-natal deaths, i.e., those occurring in the first 4 weeks of life. The figures for 10 years are given below, and show that in the 5-year period, 1926-1930 inclusive, there were 263 deaths under 4 weeks, an average of 52 per year, and precisely the same number and average for the 5-year period 1931-1935 inclusive :—

Year.	Deaths under 4 weeks of age.	Total deaths under 1 year.
1926	46 ...	114
1927	63 ...	133
1928	50 ...	82
1929	60 ...	149
1930	44 ...	88
	263	566
Average per year...	52	Average per year 113
1931	65 ...	107
1932	54 ...	105
1933	50 ...	111
1934	49 ...	82
1935	45 ...	83
	263	488
Average per year...	52	Average per year 97

It will be seen that there has been considerable improvement in the later infantile deaths, but the first 4 weeks, and particularly the first week, remain apparently untouched. However, this is not strictly true, as can be observed by considering the decrease in still-births. The figures with regard to still-births given on page 84 show that there has been a remarkable reduction since these were registered, and the correlation between still-births and neo-natal deaths is of considerable interest. The number of still-births registered plus the number of deaths under 1 month registered give the following percentages of the total (live and still) births registered in the corresponding year :—

Year.		Total No. of Still-births registered and Neo-Natal Deaths registered.		Percentage of total Births registered.
1929	...	158	...	7.6
1930	...	127	...	6.2
1931	...	165	...	8.0
1932	...	119	...	6.2
1933	...	108	...	5.9
1934	...	107	...	5.8
1935	...	97	...	5.5

It will be observed that there is a steady reduction, with only slight exception, and the fact that the still-births are less suggests that more of these children are being born alive, but that we have not yet built them up sufficiently to struggle beyond the first 4 weeks of life. Further, Table 1 shows that a large percentage of these neo-natal deaths is due to prematurity. If these premature births can be prevented or delayed so as to give a greater chance of viability, the neo-natal deaths would decrease as well as the still-births. A few of the still-births and premature births are probably syphilitic in origin, but Table 1 shows only 1 death from Congenital Syphilis, and there can be no reasonable doubt that the great majority of these premature births is due to the faulty nutrition of the mothers, using the word "nutrition" in a wide sense. Thus, it is undoubtedly ante-natal attention which will be the true prevention of still-births and neo-natal deaths, and this would appear to be the most profitable use at present of the Ante-Natal Clinics which have at times been severely criticised. On consideration it does not appear reasonable to expect ante-natal work to reduce the maternal mortality much, if at all, directly. Nevertheless, it should be of the utmost value in preventing still-births and neo-natal deaths, and it can only indirectly and at long range affect the maternal mortality by causing the children born now to have good nutrition, with an absence of rickets, etc., so that their frames are well constructed for the purposes of life, including maternity.

With this end in view of preventing still-births and neo-natal deaths, the Maternity and Child Welfare Committee are doing valuable anti-syphilitic work at the Ante-Natal Clinics at the Maternity Home, and have decided to issue milk to expectant mothers in any period of ascertained pregnancy, but these efforts should be supplemented by seeing that our women, who may be expected to have children, live and work in good conditions, e.g., that our houses, shops, workshops, and offices are well lighted and ventilated. In this respect the new Shops Acts could be regarded as valuable Maternity and Child Welfare work if vigorously used.

A point of interest is the gradual diminution of infantile deaths attributed to the Atrophy, Debility and Marasmus Group. In the 5 years, 1926-1930 inclusive, 61 deaths were attributed to this group, whilst in the 5 years 1931-1935 inclusive, there were 37. This is possibly due to improved death certification, but also due to actual improvement of conditions, and in this respect still further efforts towards breast feeding must be made. There were 83 infantile deaths in the City in 1935. In 2 of these the births were apparently neither notified nor registered in Norwich and the history cannot be traced, leaving 81 deaths. Of the 81, 45 died under 4 weeks where the infant welfare work and Health Visitors cannot produce much influence, but where, as has been pointed out above, ante-natal work ought to be more effective. 1 left the City, and the feeding cannot be ascertained. This leaves 35 traceable deaths over 4 weeks of age. Of the 35, 29 were bottle-fed to some extent, leaving only 6 really breast-fed babies that died. Health Visitors report that about 75% of the City babies are breast-fed to 9 months and only approximately 25% are bottle-fed. These last figures cannot be regarded as accurate but they are probably not far wrong, so that there are about three times as many breast-fed babies as artificially fed and, on mere proportion figures, there ought to be three times as many deaths in the breast-fed babies as in the artificially fed, whereas, in fact, there are about four times as many deaths in the bottle-fed as in the breast-fed babies. Thus, on the mere statistics, bottle-feeding a baby increases by about 12 times its chances of dying, as compared with the breast-fed baby. It is true that many considerations affect this question—for instance, that the child is put on to the bottle because somebody thinks it is not doing well on the breast—but it is, at any rate, further evidence, if any is required, that every conceivable effort must be made to see that the mother is well and that she feeds her infant.

In this matter I should like to draw attention to, and underline, the report of the Medical Research Council :—

> *"The younger the child the more essential is correct feeding for proper growth and health. It is thus necessary to apply the new teachings of nutrition to the case of the

[expectant] and [nursing] mother, so that the [nourishment] she supplies to the developing [baby] shall be the best possible; and, despite the great importance of improvement in the dietary of school children, proper feeding of the infant and child [before going to school] is an even greater need. Breast feeding is of even higher value than has been previously believed, and ought to be more extensively adopted and continued for longer periods."

*The words in brackets represent the meaning of the original wording.

ISSUE OF FRESH MILK AND DRIED FOODS TO MOTHERS AND CHILDREN.

The Maternity and Child Welfare Committee, in considering the question of maternal mortality, decided, amongst other things, that the supply of milk to expectant mothers be not limited to the last 3 months of pregnancy, but be given where the need exists at any time during ascertained pregnancy. This extension in the supply of extra nourishment commenced to operate in May.

Grade "A" milk is ordinarily supplied, but from the 22nd February until the 21st August, Pasteurised milk was substituted owing to the discovery of living tubercle bacilli in the Grade "A" milk. During the year, 499,223 pints of milk were distributed—419,559 pints to children under 5 years (315 new cases), 28,426 to expectant mothers (364 new cases), and 51,238 to nursing mothers (180 new cases).

The monthly issue of milk during the last 7 years is of interest:—

	1929.	1930.	1931.	1932.	1933.	1934.	1935.
Jan.	2,907	7,545	16,115	21,522	33,150	39,329	42,477
Feb.	2,560	7,916	15,164	19,184	31,735	37,866	39,651
March	3,178	9,192	16,614	20,727	37,579	41,017	44,472
April	3,096	8,595	16,887	22,393	35,824	40,658	37,480
May	3,225	10,294	16,207	21,589	34,700	38,971	41,860
June	3,437	9,321	14,745	23,972	33,960	40,782	41,689
July and August	7,523	19,981	31,354	50,224	71,721	78,298	81,119
Sept.	3,608	10,648	14,772	26,121	36,159	40,277	40,874
Oct.	3,924	12,151	17,254	27,984	34,981	38,654	43,484
Nov.	4,469	12,616	16,851	29,691	38,356	39,383	43,422
Dec.	4,832	13,409	17,832	32,297	38,086	41,382	42,695
	*42,759	121,668	193,795	295,704	426,251	476,617	499,223

*In addition 14,250 pints were distributed by the Guardians.

Dried foods are also issued, the following table showing the distribution during the last 11 years :—

	Packets given free.	Packets sold at "Cost."	Packets sold at ½ "Cost."	Total.
1925	6,624	636	1,718	8,978
1926	5,939	514	1,311	7,764
1927	5,355	940	193	6,488
*1928	3,304	946	101	4,445
*1929	2,098	572	17	3,369
1930	1,326	454	158	1,938
1931	900	671	36	1,607
1932	1,948	516	98	2,562
1933	1,519	314	50	1,883
1934	1,647	566	85	2,298
1935	1,523	305	6	1,834

*In 1928 and 1929, 94 and 682 packets respectively were supplied for and charged to the Guardians.

My own view is that while there is a place under our present conditions for dried foods, clean, fresh milk from a healthy and properly treated cow is much preferable.

The following figures show the quantities of fresh milk and dried food which have been issued *free of cost* to mothers and children during the last 11 years. The fact that the distribution in 1935 continued to increase is associated, in my opinion, with the exceedingly generous scale of the Committee. In comparing the figures, it is well to bear in mind that one packet of dried food corresponds to approximately 5¾ pints of milk :—

	Fresh Milk (Pints).			Dried Food.
	Mothers.	Children.	Total.	
1925 ...	7,231	4,692	11,923	6,624 packets.
1926 ...	14,341	12,773	27,114	5,939 ,,
1927 ...	27,870	40,287	68,157	5,355 ,,
1928 ...	25,536	40,706	66,242	3,304 ,,
1929 ...	16,319	26,440	42,759	2,098 ,,
1930 ...	45,529	76,139	121,668	1,326 ,,
1931 ...	54,620	139,175	193,795	900 ,,
1932 ...	77,500	218,204	295,704	1,948 ,,
1933 ...	90,221	336,030	426,251	1,519 ,,
1934 ...	89,641	386,976	476,617	1,647 ,,
1935 ...	79,664	419,559	499,223	1,523 ,,

In addition to the above, the undermentioned foods were distributed from the Infant Welfare Centres on the recommendation of the Medical Officers :—

	Free.	Half Cost.	Full Cost.	Total.
Virol (1 lb. jars) ...	6,035	168	446	6,649
Malt and Oil (1 lb. jars)	8,418	80	375	8,873
Lactagol (tins) ...	1,357	69	158	1,584
Virolax (4 oz. and 6 oz. tins)	434	—	72	506

Dental Treatment, etc.

Nursing and expectant mothers and children under 5 years deemed by the Medical Officers of the Clinics to need dental treatment, and the Tuberculosis patients, are supposed to be treated at the School Dental Clinic at Churchman House on Saturday mornings, but the numbers requiring treatment have so increased that it has not been possible for the Dental Officers to cope with them in one session a week. The Table on pages 150-151 shows the work which has been done in this direction during the last 9 years.

In 43 of the cases in which dental mechanical work was provided, the Committee felt justified in asking the mothers to contribute towards the cost.

Children seen at the Infant Welfare Clinics, suspected to be suffering from defective vision, are referred to the school eye clinics at Churchman House. During the year, 28 cases were referred; glasses were recommended for 14 children, and these were obtained through the contractors to the Education Authority. In 9 cases the Committee considered that the parents were able to pay for the glasses.

Children under school age suffering from ringworm of the scalp are treated at the Ringworm Clinic at Churchman House where X-ray treatment of this disease is carried out by Dr. Levack, D.M.R.E., assisted by one of the School Nurses. Children with Ringworm under five years are rarely treated by X-rays, as they will not keep still. No child was treated in 1935.

Some children under school age have attended at the Minor Ailments Clinics which are held at Churchman House. 119 of these children were brought to the Clinics, of whom 47 were found to have defects which required treatment.

On the recommendation of N. S. Carruthers, Esq., F.R.C.S., Ear, Nose and Throat Specialist, the treatment of discharging ears in children is carried out, the Maternity and Child Welfare

Committee co-operating with the Education Committee. As the treatment of school children is carried out in the schools by one of the Council's Health Visitors daily, Saturdays and Sundays excepted, it is only possible, at present, to deal with children residing in a certain area, but through the generous co-operation of the Cavell Nurses, the treatment of all known cases of children with discharging ears, who are under school age, has been made possible, irrespective of their place of residence.

During the year, 49 children under school age (15 new cases) were examined by the Specialist, of whom 19 (13 new cases) received treatment.

Surgical appliances are provided for children under 5 years of age who attend no school, the cost being borne, wholly or in part, by the Council where the financial circumstances justify such a course. 1 child was provided with surgical boots, the parents being asked to contribute towards the cost.

1 child received a course in speech training. In this case the Committee did not ask the parents to contribute.

INSTITUTIONAL PROVISION FOR MOTHERS OR CHILDREN.

In addition to the mothers' accommodation at the Maternity Home (see page 72), mothers and children are accommodated at the Public Assistance Institution and children at the Children's Homes.

HEALTH VISITORS.

The Health Visitors, who also act as School Nurses, carry out routine visiting of infants unless there is reason to think this procedure is not required. The newly born are visited as soon as possible after the doctor or midwife leaves, and then at fairly frequent intervals until the child attains the age of 5 years, advice being given to the mothers and efforts being made to persuade them to attend the appropriate Infant Welfare Centre. Some parents send their children to school before they become five; in these cases the supervision of the child is controlled by the machinery of the School Medical Service.

During the year the Health Visitors paid 246 visits to expectant mothers, 6321 visits to children under 1 year—1460 of these being first visits, and 7441 to children between 1 and 5 years of age. The total number of visits paid by the Inspector of Midwives, Tuberculosis Visitor, and Health Visitors and School Nurses during the year was 18,450.

INFANT LIFE PROTECTION.

The duties of the Local Authority with regard to infant life protection are discharged by the Maternity and Child Welfare Committee.

The age under which the reception of children for reward must be notified to the Authority is 9 years. 8 new persons were registered for the reception of children and 3 persons were removed from the register, the total number of registered persons at the end of the year being 77, with 31 of whom children were boarded out.

18 new children were boarded out during the year. 1 child was adopted, 12 children went to live with their parents or relatives, 1 removed to another area (the Authority being notified), 3 were admitted to Institutions and 6 ceased to come under the provisions of the Act by attaining the age of 9 years. The total number of children under supervision at the end of the year was 38.

The Infant Life Protection Visitor paid 301 visits for the purpose of inspecting homes and children and conducted 13 special investigations, i.e., *re* maintenance, cases of neglect, etc.

STILL-BIRTHS.

For the purpose of the Births and Deaths Registration Act, 1926, the definition of still-birth is as follows :—

> " 'Still-born' and 'still-birth' shall apply to any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any other signs of life."

The following table shows the number of still-births, legitimate and illegitimate, registered in the City, and the numbers occurring in cases attended at or from the Maternity Home :—

Year.	No. of still-births registered.	% of total City births registered.	Legitimate still-births.	% of total City legitimate births.	Illegitimate still-births.	% of total City illegitimate births.	Cases attended at or from the Maternity Home.		
							No. of confinements attended.	No. of still-births.	% of total confinements attended.
1929	98	4·7	91	4·59	7	6·60	515	20	3·9
1930	83	4·04	79	4·06	4	3·64	553	9	1·6
1931	100	4·86	96	4·90	4	3·96	571	21	3·7
1932	65	3·36	61	3·33	4	4·00	561	15	2·6
1933	58	3·18	54	3·11	4	4·65	595	15	2·5
1934	58	3·14	53	3·0	5	6·41	648	18	2·8
1935	52	2·93	47	2·8	5	5·21	589	15	2·55

In connection with the above, it is well to remember that the mothers attending the Municipal Home are, as a rule, not particularly well off, but can nearly always pay the required fee and on the other hand, that those cases recognised to be so abnormal as to require considerable interference are referred to the private doctor or hospital.

There were 4 still-births at the Infirmary, representing 4.71% of the total births in this Institution. The majority of the cases admitted were either abnormal or persons in very poor circumstances.

The following table shows the yearly total number of still-births and infant deaths (*a*) under 1 month; (*b*) under 1 year, registered in the City during the last 7 years :—

Year.	No. of still-births registered.	(*a*) No. of deaths under 1 month registered.	Total.	No. of still-births registered.	(*b*) No. of deaths under 1 year registered.	Total.	% of Total City births registered.
1929	98	60	158	98	149	247	11.8
1930	83	44	127	83	88	171	8.3
1931	100	65	165	100	107	207	10.0
1932	65	54	119	65	105	170	8.8
1933	58	50	108	58	111	169	9.3
1934	58	49	107	58	82	140	7.6
1935	52	45	97	52	83	135	7.6

The still-births registered during 1935 were distributed amongst the Wards of the City as follows :—

Ward.	No. of Still-births.	Ward.	No. of Still-births.
Earlham	6	Thorpe	5
Heigham	3	Eaton	—
Hellesdon	8	Town Close	3
Catton	1	Lakenham	6
Mousehold	2	Nelson	1
Westwick	4	St. Stephen	5
Coslany	4	Conesford	1
Fye Bridge	1	Ber Street	2
			52

The following table shows the causes associated with the still-births which were registered during the year:—

Albuminuria	2
Albuminuria—toxic accidental hæmorrhage ...	1
Anencephalic	2
Ante-Partum Hæmorrhage (probably accidental) and Prolapse of Cord ...	1
Breech Presentation ...	1
Breech, with extended arms and legs (twin) ...	1
Breech, Hydrocephaly and Spina Bifida	1
Breech, with difficult labour	2
Cord round neck ...	2
Compression of Cord from Prolapse by head of other twin	1
Disproportion in size of Pelvis and Fœtus ...	1
Delayed labour ...	1
Hydramnios	1
Hydrocephalus ...	2
Hæmorrhage and Placenta Prævia	2
Kidney Trouble ...	1
Knot in Cord	1
Prolapse of Cord ...	1
Poor nutrition and general health (maternal) ...	1
Pyelitis of Pregnancy ...	1
Shock	2
Syphilis	1
Syphilis and Placenta Prævia	1
Transverse Presentation	2
Toxæmia of Pregnancy	1
Toxæmia aggravated by excitement and strain of labour	1
Macerated	5
Unknown or information not obtainable ...	13
Total ...	52

MATERNAL MORTALITY

There were 4 maternal deaths during the year. This gives a rate of 2.32 per thousand live births, which is a decrease compared with the rate for 1934. The following are the rates per thousand live births for the previous 4 years:—

1931	1932	1933	1934
2.55	2.14	3.40	6.15

The investigations for the Ministry of Health into maternal deaths have continued and the medical profession have kindly given me every assistance in their power. An Obstetrical Specialist has not been engaged for this purpose, the investigations being conducted by the Medical Officer of Health. Midwives have been urged to encourage their patients to see a doctor, ante-natally, in the case of women who are insured persons, by the Insurance practitioner, or, in the case of uninsured persons, by their own doctor or by the Medical Officer at the Ante-Natal Clinic. Arrangements have been made for a second opinion to be given in cases of Puerperal Fever and Puerperal Pyrexia, when required, by private practitioners. If necessary, cases of Puerperal Fever and Puerperal Pyrexia are removed to the Isolation Hospital. The examination of pathological material is carried out by a private pathological specialist.

On the request of private practitioners, "Cavell" Nurses are available for home nursing, the Local Authority making a grant to the Norwich District Nursing Association for the nursing of these and other cases.

The Maternity and Child Welfare Committee have had under consideration Circular 1433 from the Ministry of Health, which requested Local Authorities to review the position with regard to maternity services in their area. The Committee met Dr. J. H. Turnbull, C.B.E., M.D., of the Ministry of Health. Various suggestions for improving the existing arrangements were considered, and action was taken as under :—

1. *Ante-Natal Care.*

The Medical Officer of Health addressed a meeting of and circularised certified midwives, emphasising the importance of ante-natal supervision, and a sum of 15/- is to be paid to a midwife if, on the midwife's own initiative, a case is transferred from her care, so that the midwife loses the fee ordinarily payable. 8 applications were received from certified midwives, 6 of which were granted.

2. *Extra Nourishment.*

The supply of milk to expectant mothers be not limited to the last 3 months of pregnancy but be given where the need exists at any time during ascertained pregnancy.

3. *Facilities for Consultations.*

A panel of Consultants, consisting of Mr. Bulman, Dr. Crook, Dr. Hinde and Mr. Noon, has been arranged, and general practitioners have been authorised to consult any member of this panel in difficult maternity cases, if occasion arises, without getting previous authorisation. The Committee is responsible, in the first instance, for the fee, but has reserved the right to recover the fee in whole or in part from the patient.

Consultants were called in by general practitioners to 16 cases. The Committee felt justified in asking the patient to pay the whole or part of the consultant's fee in 10 cases. 1 patient paid the consultant privately, and in the remaining 5 cases the cost was borne by the Council.

The following aspects of the question were still under consideration at the end of the year :—

(*a*) The provision of Home Helps.

(*b*) The provision of suitable arrangements for the admission of abnormal maternity cases and abnormal antenatal cases to the new Maternity Block which is being erected at the Norfolk and Norwich Hospital.

(*c*) The provision of Post-Natal Clinics.

(*d*) The provision of accommodation for 25 patients at the Council's Maternity Home instead of 15 patients.

The consideration of the question of the provision of a competent midwive :—

(i.) To nurse any cases attended by a medical practitioner.

(ii.) To attend all other cases

has been adjourned, having regard to the proposal of the Minister of Health to introduce into Parliament a Bill dealing with an organised system of salaried midwives.

ORTHOPÆDIC TREATMENT.

Cases are treated, as required, at the voluntary hospitals, and the Education Committee and the Maternity and Child Welfare Committee assist in the supply of surgical instruments and boots (see page 82) and, particularly the Education Committee, send certain cases away to special well-known Orthopædic Institutions in London and elsewhere. 2 children, under 5 years of age, received orthopædic treatment at Melton Lodge, Great Yarmouth.

The Council has prepared a scheme for the treatment of orthopædic defects in children, and cases of tuberculosis of bones and joints. This will commence to operate in 1936.

CONTRACEPTIVE CLINIC.

The Committee changed its policy during the year with regard to the provision of contraceptive information. From the 26th February, any married woman could obtain contraceptive information at the Maternity Home, where a Medical Officer is available on Thursday afternoons from 2 to 4 o'clock. This advice is given free, but a charge is made for any appliances supplied. During the year, 31 women—26 new cases and 5 old cases— attended the clinic. Of the new cases, 15 were instructed.

The Medical Officer of Health has expressed his opinion that, as there is no gynæcological clinic established at the Maternity Home and there is no longer a requirement of some medical reason for contraception, this action was *ultra vires*, in addition to being undesirable.

MATERNITY AND NURSING HOMES.

Before being registered, new Homes are inspected by a Medical Officer of the Public Health Department to ensure that the arrangements comply with the Bye-laws and the standards laid down by the Committee. The arrangements for protection against fire are inspected by the Police. All registered Homes are inspected periodically by a Medical Officer.

The registration of 1 Maternity Home was cancelled by the Committee. 1 Maternity Home was closed voluntarily and transferred to other premises, and there was a change of ownership of one Mixed Home. The number of registered Homes at the end of the year was 15. These are used as follows:—Maternity Homes 4; Nursing Homes (Non-Maternity) 4; Mixed Homes 7. 2 institutions are exempt.

OPHTHALMIA NEONATORUM.

Every effort is made to secure prompt treatment of ophthalmia neonatorum. The Table below shows the number of notifications of this disease which were received.

Notified.	Cases Treated.		Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
	At Home.	In Hospital.				
11	4	7	*11	—	—	—

*As far as can be ascertained by the Health Visitors and enquiries of the doctors in charge of the cases.

INFECTIOUS DISEASES
AND
ISOLATION HOSPITAL

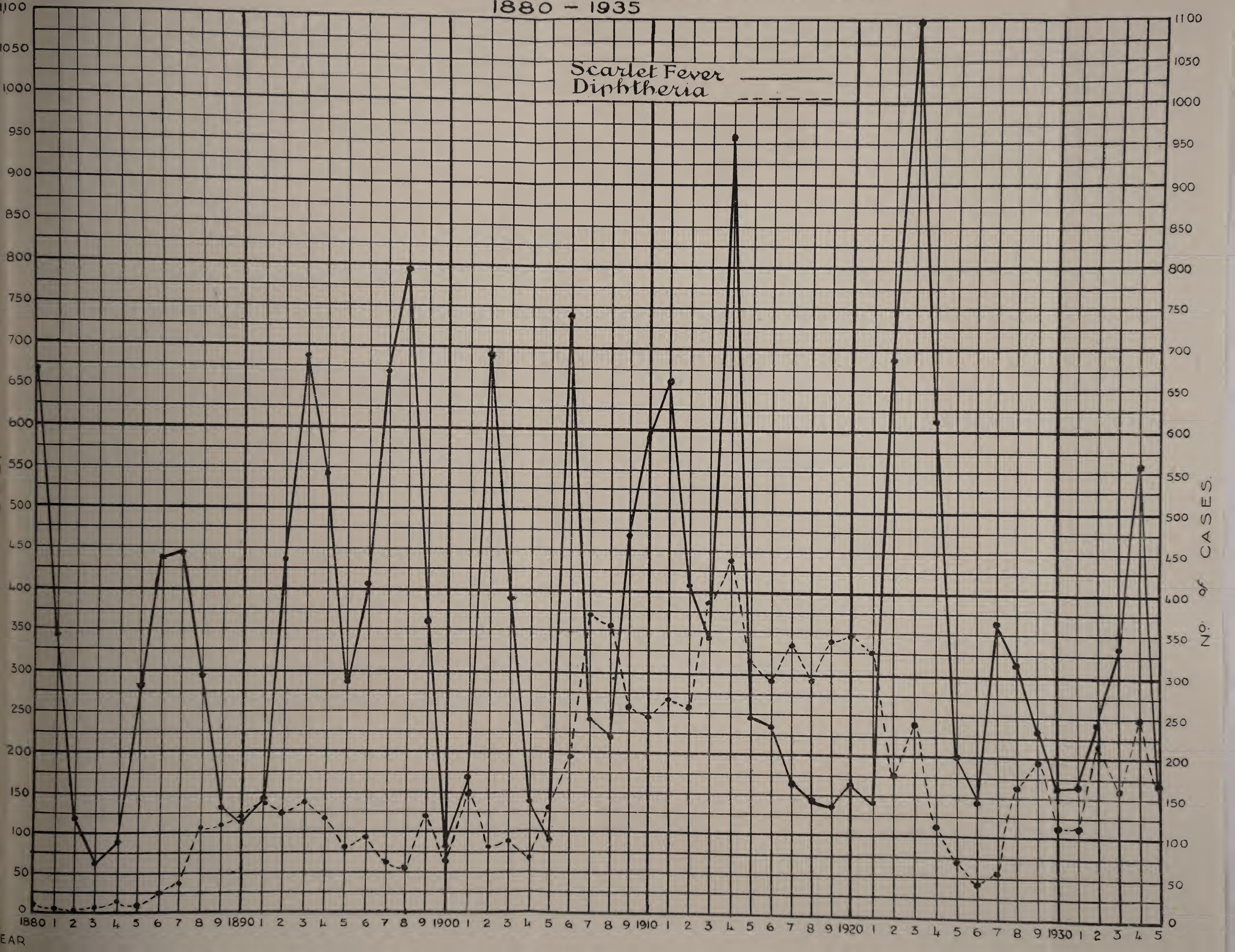
PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The infectious diseases in 1935 were very quiet after the activity of 1934, the sole exception being the number of deaths from Diphtheria. This quietude applies to both notifiable and non-notifiable infectious diseases. The table on pages 156-157 shows the incidence of the various infectious diseases in the schools.

Scarlet Fever in 1934 had its first peak year for 7 years, with 553 cases, and showed in 1935 the expected drop, and there were only 163 cases, with 1 death. This can be seen from the attached chart. We can now expect to be moderately free of Scarlet Fever for 4 to 8 years, or, in view of the continued decline in the birth rate, perhaps even a year or two longer. 1 case of Scarlet Fever died—a child of three—but the child also had Broncho-Pneumonia, and it was probably this, rather than the Scarlet Fever, which caused the child's death.

Diphtheria, with 167 cases, showed a reduction after the 248 cases of 1934, and the fact that the number of notified cases in the first few months of 1936 is very low suggests that the wave may be beginning to fall. If this is so, it is a little earlier than was to be expected from past history, but the constantly diminishing birth rate certainly renders this suggestion a possibility. However, as has been frequently observed on other occasions, with the diminishing numbers the virulence rose and there were 13 deaths of City cases from this disease, 10 of them being between the ages of 5 and 15 years, i.e., largely in school children (see page 155). This number of 13 deaths in 1935 is an increase on the 7 we had in 1934 and the 8 in 1933, but the same as we had in 1932. This increase of deaths, particularly in school children, caused considerable anxiety to the Health and Education Committees, with the result that 1 class in The Blyth Secondary School was closed at the latter end of the Summer Term, observation being kept on the contacts in their own homes by the Medical Officers. For a time swabs were taken of every child in every class throughout the City where a case of Diphtheria had been notified. This latter practice was soon given up and the Health and Education Committees decided to embark vigorously on a campaign for immunisation, urging the public, in a variety of ways, to adopt this procedure. The result was that a certain number of persons were immunised. 2086 persons were dealt with. 200 were Schick negative at the preliminary test. 1877 had injections and 66 immunised cases were Schick negative by the end of the year. The numbers thus inoculated

NOTIFICATIONS OF SCARLET FEVER & DIPHTHERIA
1880 – 1935



would be too small to have any appreciable share in the reduction of the incidence of the disease. The propaganda in favour of diphtheria immunisation is being continued, but the results are comparatively small. Several of the cases were of a very unpleasant type; in some cases there was delay in calling the doctor in and, in some, the doctors waited for a swab result. The search for carriers continued and 69 such City persons were admitted to the Isolation Hospital.

Enteric Fever. There were 2 cases of Typhoid Fever and 6 of Paratyphoid Fever "B" notified, making 8 in all, a reduction on the 11 in 1934 but high as compared with the 3 in 1933. There was no death amongst these enteric cases. Both the Typhoid cases were school children. In 1 case no source could be traced and the other, with an onset given as the 21st August, followed by removal to the Isolation Hospital on the 6th September, had been away from the City on holiday between the 1st and the 29th August.

With regard to the 6 Paratyphoid cases, 1 was a Staff Nurse in the Isolation Hospital, who, presumably, infected herself from a patient, 1 other had been touring the country on a motor cycling holiday, camping, etc., and his incubation period and date of onset, so far as can be judged, strongly suggests that his infection was obtained while out of Norwich. All the other 4 cases were definitely connected with the outbreak in a neighbouring seaside town.

Cerebro-Spinal Fever was notified in 3 cases and all 3 died. 2 were school children and 1 was under 5.

There was no case of **Encephalitis Lethargica, Acute Anterior Poliomyelitis** and **Acute Polio-Encephalo-Myelitis.**

Puerperal Fever produced 2 notifications, but there was no death. 1 case occurred on the Maternity Home District, whence she was removed to the Isolation Hospital, and the other occurred at the Public Assistance Institution.

Puerperal Pyrexia produced 22 notifications, compared with 38 in 1934 and 47 in 1933. The final diagnoses in these cases are as follows:—

Cervicitis	3
Endometritis	1
Pyelitis	1
Mild Endometritis and Pelvic inflammation ...	1
Mild Pelvic Cellulitis	1

Retained Membrane	1
Post-Partum Hæmorrhage with manual removal of Placenta	1
Retained fragment of Placenta	1
Primary Uterine Inertia, due to Premature Rupture of Membrane, Post-Partum Hæmorrhage, and Adherent Placenta (manually removed)	1
Sapræmia	2
Retained blood clot and mild Sapræmia	1
Reaction following surgical induction of labour owing to severe Albuminuria	1
Local septic infection of Genital tract	1
Puerperal Sepsis	1
Phlebitis, Pyelitis and Recto-Vaginal Fistula ...	1
Coryza	1
Mastitis	1
Lacerations	1
B.Coli Infection	1

The total number of Puerperal Pyrexia cases occurring in the Municipal Maternity Home was 6 and on the Municipal Maternity Home District, 3. These all recovered. There were 4 cases in the Public Assistance Institution, with no deaths. 9 other cases occurred in the City, 1 of which died, the cause being certified as Puerperal Sepsis, and it would appear that this ought to have been considered as Puerperal Fever. It is unfortunate that there is such difficulty in finding a sufficiently embracing definition of Puerperal Fever, satisfactory for notification purposes.

Acute Primary (99) and **Acute Influenzal** (48) **Pneumonia** cases were notified, totalling 147. This is a decrease with regard to Acute Primary Pneumonia but an increase of the Acute Influenzal cases. There was a total of 45 deaths, 26 due to Acute Primary Pneumonia, which is a decrease, and 19 due to Acute Influenzal Pneumonia, which is an increase. The Health Committee has continued to stock Felton's Anti-Pneumococcal Serum, Types 1 and 2, but very little has been used.

Erysipelas, with 65 cases and 7 deaths, had a marked decrease from 1934, which accompanied the decrease in Scarlet Fever.

Measles was entirely absent (see page 158) and **Whooping Cough** was also very low. There was no death from Whooping Cough. Prophylactic Vaccination against Whooping Cough continues to be practiced in a few cases.

INFECTIOUS DISEASES IN SCHOOLS.

This matter receives comment on pages 153-158. No City school has been closed on account of infectious disease for many years.

CLEANSING AND DISINFECTION.

The cleansing and disinfection of verminous persons can be carried out at the Public Assistance Institution in Bowthorpe Road, where, whilst the person is bathed, the clothing is disinfected. After infectious illness, bedrooms, etc., have been disinfected with formalin or sulphur, and occasionally bedding and clothing passed through the steam disinfector at the Isolation Hospital gratuitously. On request, the disinfection of articles for trade purposes and after non-infectious illnesses is carried out at the Isolation Hospital and a charge is made in accordance with the Committee's scale.

It is the practice of the Council to insist on the disinfection of furniture and bedding of all tenants removed to the Council Estates.

1120 rooms were disinfected after the removal or recovery of patients. 971 visits were made by the Sanitary Inspectors in respect of infectious diseases.

In cases where the dwelling-house is in an insanitary condition, and the occupier is unable through infirmity or mental incapacity to remedy the condition, and the health of persons residing in the house is endangered, the Corporation, under the Norwich Corporation Act, 1933, may apply to a Court of Summary Jurisdiction for an Order for the removal of the occupants to an Institution or other dwelling for such period as is necessary to enable the Corporation to cleanse and disinfect the house.

1 case, involving 2 persons—brother and sister—was actually dealt with under these powers. In 2 or 3 cases persons who, through infirmity, were unable to keep their houses clean, were persuaded to enter the Public Assistance Institution or make other arrangements.

TABLE 3. NOTIFIABLE DISEASES.

Diseases.	Total Cases Notified by Medical Practitioners.	Cases Admitted to Hospital.	Total Number of Deaths. of City persons.
Scarlet Fever	(*a*) 163	153	1
Diphtheria	(*b*) 167	165	(*c*) 13
Acute Primary Pneumonia	(*d*) 99	56	(*e*) 26
Acute Influenzal Pneumonia	(*f*) 48	10	(*g*) 19
Ophthalmia Neonatorum...	11	7	(*h*) —
Puerperal Fever ...	2	2	—
Puerperal Pyrexia ...	(*i*) 22	20	1
Erysipelas	(*j*) 65	36	(*k*) 7
Cerebro-Spinal Fever ...	3	3	3
Typhoid Fever	2	2	—
Paratyphoid Fever ...	6	6	—

NON-NOTIFIABLE DISEASES.

Whooping Cough ...	8	6	—
Chicken-pox	25	(*l*) 2	—

(*a*) Includes 10 non-residents who contracted Scarlet Fever whilst in Norwich.

(*b*) Includes 3 cases who contracted Scarlet Fever while in Hospital.

(*c*) Includes 1 case notified and who died in 1934, but whose death was registered in 1935; and 1 case not included in notifications.

(*d*) Includes 1 non-resident who contracted Acute Primary Pneumonia whilst in Norwich. This person died and was regarded as an outward transferable death.

(*e*) 3 cases notified as Acute Primary Pneumonia died from other causes and are not included.

(*f*) Includes 1 non-resident who contracted Acute Influenzal Pneumonia whilst in Norwich. This person died and was regarded as an outward transferable death.

(*g*) 2 cases notified as Acute Influenzal Pneumonia died from other causes and are not included. Includes 2 Norwich persons who died outside the City (not included in notifications).

(*h*) 1 case notified as Ophthalmia Neonatorum, died from another cause after having recovered from Ophthalmia Neonatorum.

(*i*) Includes 1 non-resident who contracted Puerperal Pyrexia whilst in Norwich.

(*j*) Includes 2 non-residents who contracted Erysipelas whilst in Norwich. 1 case (City resident) notified as Erysipelas, died from another cause and is not included.

(*k*) Includes 1 case notified in 1934.

(*l*) These 2 cases were admitted to Hospital for Scarlet Fever and were also suffering from Chickenpox on admission.

TABLE 4.

ANALYSIS OF TOTAL CASES OF INFECTIOUS DISEASES NOTIFIED IN AGE GROUPS.

Disease.	Under 1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over	Total
Diphtheria	1	3	2	7	10	69	44	13	14	4	—	—	167
Scarlet Fever	—	4	11	5	18	70	24	11	14	5	1	—	163
Erysipelas	2	—	—	—	—	1	—	2	11	8	30	11	65
Pneumonia (Acute Primary) ...	4	4	3	2	2	6	4	3	15	17	20	19	99
Pneumonia (Acute Influenzal) ...	2	1	2	—	1	1	1	—	4	11	13	12	48
Puerperal Fever	—	—	—	—	—	—	—	—	2	—	—	—	2
Puerperal Pyrexia	—	—	—	—	—	—	—	1	17	4	—	—	22
Cerebro-Spinal Fever	—	1	—	—	1	—	1	—	—	—	—	—	3
Typhoid Fever	—	—	—	—	—	1	1	—	—	—	—	—	2
Paratyphoid Fever	—	—	—	—	1	—	—	1	3	—	1	—	6
Chickenpox	2	—	1	5	3	11	3	—	—	—	—	—	25
Whooping Cough	2	2	1	—	—	3	—	—	—	—	—	—	8

TABLE 5.

ANALYSIS OF DEATHS FROM NOTIFIED DISEASES IN AGE GROUPS.

Disease.	Under 1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over	Total
Scarlet Fever...	—	—	—	1	—	—	—	—	—	—	—	—	1
Diphtheria	—	1	—	1	1	7	3	—	—	—	—	—	13
Puerperal Pyrexia	—	—	—	—	—	—	—	—	1	—	—	—	1
Cerebro-Spinal Fever	—	1	—	—	1	—	1	—	—	—	—	—	3
Erysipelas	2	—	—	—	—	—	—	—	—	—	2	3	7
Acute Primary Pneumonia ...	1	—	—	—	—	—	—	1	2	2	8	12	26
Acute Influenzal Pneumonia ...	—	1	—	—	—	—	—	—	—	2	6	10	19

TABLE 6.

ATTACK RATE PER 1,000 PERSONS UNDER 15 YEARS OF AGE NOT KNOWN TO HAVE HAD DISEASE PREVIOUSLY.

(*a*) Cases Removed to Hospital.

In houses with :—

		Less than 1 person per room.	1 to 2 persons per room.	2 to 3 persons per room.	3 to 4 persons per room.	4 to 5 persons per room.	5 to 6 persons per room.	6 to 7 persons per room.	Over 7 persons per room.	
Scarlet Fever	**464**	—	568	384	333	500	166	—	—	Per 1000 persons under 15 years who have not had disease
Diphtheria	369	—	538	286	250	286	333	—	—	,, ,,

(*b*) Cases Nursed at Home.

In houses with :—

		Less than 1 person per room.	1 to 2 persons per room.	2 to 3 persons per room.	3 to 4 persons per room.	4 to 5 persons per room.	5 to 6 persons per room.	6 to 7 persons per room.	Over 7 persons per room.	
Scarlet Fever	692	—	692	—	—	—	—	—	—	Per 1000 persons under 15 years who have not had disease
Diphtheria	1000	—	1000	—	—	—	—	—	—	,, ,,

VACCINATION.

The following are particulars of the work done under the Vaccination Acts.

Number of Births registered in 1934		2043
Number of Children :—		
Successfully Vaccinated	341	
Insusceptible of Vaccination ...	1	
In respect of whom Statutory Declarations of Conscientious Objection have been received	1560	
Died unvaccinated (under 1 year of age)	88	
Postponed by Medical Certificate ...	10	
Removed to districts the Vaccination Officers of which have been duly apprised	34	
Removed to places unknown and otherwise not accounted for ...	9	2043

Percentage successfully vaccinated (excluding deaths)	17.4%
Percentage of Conscientious Objectors (excluding deaths)	80%

SUCCESSFUL VACCINATIONS, 1935.

Total number of Certificates of successful Primary Vaccinations of Children under 14 received during 1935	365
Number of Certificates of successful Primary Vaccinations by the Public Vaccinator of persons over 14 received during 1935 ...	3
Number of successful re-Vaccinations by the Public Vaccinator of persons of all ages during 1935	12

ISOLATION HOSPITAL AND LABORATORY.

The Isolation Hospital continues to do excellent work, and the results testify to the high standard of medical and nursing practice maintained. The confidence felt in the Isolation Hospital is shown by the high percentage of notified cases which are sent there.

The percentages are:—

Diphtheria	98.2%
Scarlet Fever	85.3%
Enteric Fever	100%

The following is the Resident Medical Officer's report on the year's work:—

During the year 1935, the total number of cases admitted was 634, as compared with 1111 for 1934, 826 for 1933, and 949 for 1932. This number, with 97 remaining from 1934, gives a total of 731 under treatment for the year.

TABLE 7.

(Shewing disease distribution and mortality rates.)

	Remaining in Hospital midnight, Dec. 31st, 1934.	Admitted during 1935.	Total under Treatment.	Discharged during 1935.	Died during 1935.	Mortality Rate %.	Remaining in Hospital midnight, Dec. 31st, 1935.
Scarlet Fever ...	25	147	172	158	1	0.63	13
Diphtheria ...	41	173	214	189	13	6.44	12
Diph. Carriers ...	4	71	75	74	—	—	1
Enteric Fever ...	—	9	9	9	—	—	—
Tb. Phthisis ...	17	44	61	25	16	39.0	20
Other Diseases ...	10	190	200	193	3	1.53	4
	97	634	731	648	33	—	50

The mortality rate for all cases completing treatment was 4.85%.

The average daily number of patients in Hospital was 75.97; maximum number 103 on the 15th February, 1935. The minimum number was 48 on the 25th December, 1935.

The average period in Hospital for all cases completing treatment (deaths included) during the year was 39.2 days.

TABLE 8.

(Showing monthly admissions.)

	Scarlet Fever.	Diphtheria.	Diph. Carriers.	Enteric Fever.	Tuberculosis.	Other Diseases.	Total.
January ...	22	17	2	—	6	27	74
February ...	12	15	4	—	2	14	47
March ...	10	13	11	—	5	17	56
April ...	11	9	4	—	2	20	46
May	11	14	13	—	4	16	58
June	13	14	2	1	7	21	58
July	6	22	13	—	2	8	51
August ...	7	23	4	4	6	16	60
September ...	15	20	6	4	3	14	62
October ...	16	13	4	—	1	15	49
November ...	14	8	6	—	5	11	44
December ...	10	5	2	—	1	11	29
	147	173	71	9	44	190	634

TABLE 9.

(Showing monthly discharges.)

	Scarlet Fever.	Diphtheria.	Diph. Carriers.	Enteric Fever.	Tuberculosis.	Other Diseases.	Total.
January ...	22	21	3	—	1	23	70
February ...	21	15	4	—	2	16	58
March ...	21	25	3	—	3	21	73
April ...	8	18	8	—	4	8	46
May	10	11	6	—	6	26	59
June	7	13	13	—	5	23	61
July	19	14	6	—	3	10	52
August ...	3	20	12	1	3	13	52
September ...	7	11	3	—	5	10	36
October ...	13	24	3	7	2	22	71
November ...	17	20	9	1	3	12	62
December ...	11	10	4	—	4	12	41
	159	202	74	9	41	196	681

SCARLET FEVER.

147 cases were admitted during 1935 (including 11 County infections) which, with 25 remaining from 1934, gives a total of 172 cases under treatment.

Average Stay. The average period in Hospital for cases completing treatment during the year was 31.0 days, as compared with 31.03 days in 1934 and 30.53 days in 1933. The admissions fell from 484 to 147, the numbers being fairly evenly distributed throughout the year.

The actual number of City cases, i.e., 136, is below what may be considered the average for the City. The type of disease continues to be mild on the whole.

Administration of serum in Scarlet Fever cases is not adopted as a routine, but is used in the treatment of selected cases of Scarlet Fever and other cases.

Death. 1 death occurred. Mortality rate 0.63%.

TABLE 10.

(Showing Age and Sex distribution of 1935 admissions.)

	Under 1	1-2.	2-3.	3-4.	4-5.	5-10.	10-15.	15-20.	20-25.	25-35.	35-45.	Over 45.	Totals
Male	—	1	4	2	8	34	12	4	5	—	3	—	73
Female	—	3	7	3	9	28	7	6	6	3	1	1	74
	—	4	11	5	17	62	19	10	11	3	4	1	147

Complications in Scarlet Fever cases completing treatment in 1935, 1934, 1933, and 1932.

	All Cases 1935.	1934	1933.	1932.
Adenitis ...	18=11.32%	8.33%	5.36%	5.83%
Otorrhœa ...	10= 6.29%	6.98%	3.83%	2.69%
Arthritis and Rheumatism ...	3= 1.88%	2.13%	2.68%	0.45%
Nephritis and Albuminuria ...	7= 4.40%	2.32%	1.53%	3.59%
Rhinorrhœa ...	2= 1.26%	0.0%	0.0%	0.0%

Albuminuria occurring in the early febrile period of the disease is not included in these figures.

Other Complications. Serum Rash 6; Anæmia 1; Pyæmic Abscess 1; Laryngitis 1; Furuncle 1; Skin Affections 5; Morbus Cordis 2; Broncho-Pneumonia 2; Removal of Adenoids 1; Cellulitus of neck, with sloughing 1; Tonsillectomy 3; Mastoidectomy 5.

6 return cases were admitted during the year, equivalent to 4.4% of the City cases admitted. A patient is regarded as a

return case if further infection occurs in a household within 4 weeks of the return home of a case from hospital.

2 cases had positive Diphtheria swabs when admitted.

2 cases were suffering from Chickenpox on admission—no other cases occurred.

DIPHTHERIA.

173 cases of true Diphtheria (including 9 County infections) were admitted during 1935, which with 41 remaining from 1934 gives a total of 214 under treatment. 1 case was suffering from Scarlet Fever on admission.

2 cases contracted Scarlet Fever in hospital.

In addition, 71 carriers of the Diphtheria bacillus (including 2 County infections) in whom no evidence of the disease existed were taken into hospital until they ceased to be infectious.

DEATHS. 13 deaths occurred (including 2 County cases). Mortality rate 6.44%.

5 patients died after they had been in hospital one day; 2, two days; 1, three days; 3, from one to two weeks; 2, from five to six weeks.

AVERAGE STAY. The average period in hospital for cases who completed treatment during the year was 50.73 days, the figure for 1934 was 47.54 days, and for 1933, 43.9 days.

TABLE 11.

(Showing Age and Sex distribution of 1935 admissions.)

	Under 1.	1-2.	2-3.	3-4.	4-5.	5-10.	10-15.	15-20.	20-25.	25-35.	35-45.	Over 45	Totals
Male	1	1	1	4	5	22	15	3	2	—	—	—	54
Female	—	1	1	4	7	48	31	10	6	7	4	—	119
	1	2	2	8	12	70	46	13	8	7	4	—	173

Complications in diphtheria cases completing treatment during 1935:—

Otitis Media	2	Adenitis	3
Paralysis	39	Erysipelas	1
Pyuria (Chronic) ...	1	Influenza	1
Vulvitis	4	Tonsillitis	8
Heart	9	Albuminuria	2
Arthritis	2	Ethmoiditis	1
Repeated Colds ...	1	Tonsillectomy	6
Nephritis	1	Skin Affections ...	6

SERUM. The average quantity of serum administered to each case was 38,060 units. Several patients had a quantity of serum administered before admission and this amount has been included. The largest amount given to any one case was 200,000 units. A definite serum reaction occurred in 20 cases.

ENTERIC FEVER.

2 cases of Typhoid Fever and 7 cases of Paratyphoid Fever B. (including 1 County infection) were admitted during the year.

OTHER DISEASES.

Admissions numbered 190, distributed as under :—

Hæmolytic Streptococcal Carriers	4	Food Rash	3
Diphtheria Carriers	4	Urticaria	2
Non-Diphtheritic Croup	2	Furuncle	1
Tonsillitis	39	Erysipelas	15
Post-Tonsillectomy	1	Anthrax	1
Vincent's Angina	3	Impetigo	1
Injury to Palate	1	Influenza	17
Cold	5	Influenzal Pneumonia	1
Rhinitis	3	Broncho-Pneumonia	2
Adenitis	4	Bronchitis	3
Marasmus	1	Bronchiectasis	1
Premature Infant	2	Septic Hand	1
Debility	8	Septic Finger	1
Ophthalmia Neonatorum	6	Head Injury	1
Nursing Mother	7	Whooping Cough	5
Conjunctivitis	2	Rickets	1
Puerperal Pyrexia	11	Acidosis	1
Puerperal Phlebitis	1	Epilepsy	1
Puerperal Sepsis	1	Prepatellar Bursitis	1
Puerperal Fever	1	Rheumatism	1
Suckling Infant	13	Vomiting	1
Drug Rash	1	Appendicitis	1
Erythema	6	Post-Appendicotomy	1
		No Infectious Disease	1

The following deaths occurred amongst these patients :— Erysipelas 2; Influenza 1.

The average length of stay in hospital for those who completed treatment during the year was 16.08 days.

TUBERCULOSIS.

2 ward blocks are still in use for the isolation of cases (mostly advanced) of this disease.

Admissions. 44 cases were admitted during the year, 20 male and 24 female.

Died. Males 10; Females 6; Total 16.

Discharged. Males 11—3 to Kelling Sanatorium; 2 to Stanninghall Colony; 1 to own home, much improved; 3 to own homes, condition as on admission; and 2 to own homes, disease progressing. Females 14—8 to own homes, condition improved; 2 to own homes, condition much improved; 1 to own home, condition slightly improved; 1 to own home, condition much as on admission; 1 to own home, disease progressing; 1 to Bramblewood Sanatorium.

Average Stay. The average period in hospital for cases that completed treatment during the year was 146 days.

COUNTY CASES.

The more definite arrangements made in 1931 with the authorities of some of the surrounding County Districts, for the admission of their cases of infectious diseases in emergency, continued. 27 County cases, included in the figures mentioned above, were admitted during the year and were distributed as under:—

Scarlet Fever	11	Paratyphoid Fever B. ...	1
Diphtheria	9	Erysipelas	1
Diphtheria Carriers ...	2	Anthrax	1
Vincent's Angina ...	1	Tonsillitis	1

LABORATORY WORK.

7522 specimens were examined, as compared with 9179 in 1934; details of examinations are appended:—

	Diphtheria.	Tuber-culosis.	Typhoid	Others.	Totals.
January	607	28	—	6	641
February	492	9	—	2	503
March	880	8	—	8	896
April	508	8	—	—	516
May	575	7	—	16	598
June	500	6	1	8	515
July	1152	65	3	7	1227
August	528	9	5	2	544
September ...	608	9	7	4	628
October	684	8	—	10	702
November ...	455	6	—	4	465
December... ...	280	4	—	3	287
...	7269	167	16	70	7522

Daily Tests (Sundays included) 20.6.

The above figures do not include 993 specimens of sputum examined by the Clinical Tuberculosis Officer at the Laboratory at the Public Health Department.

STAFF.

The health of the Nursing and Domestic Staffs has been very satisfactory. 1 Nurse contracted Paratyphoid Fever B. and 2 Maids contracted Scarlet Fever.

The work of the Nursing and Domestic Staffs, under the able guidance of the Matron and Home Sister, has again been thoroughly satisfactory throughout the year and I take this opportunity of recording it.

TUBERCULOSIS

TUBERCULOSIS.

NOTIFICATIONS AND MORTALITY DURING 1935.

Age Periods.	Notifications.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	3	—	—	—	—	1
1 and under 5 ...	—	—	6	9	—	—	—	1
5 and under 15 ...	—	—	19	8	—	1	1	1
15 and under 25 ...	17	10	2	4	7	10	1	—
25 and under 35 ...	8	11	1	2	4	5	—	—
35 and under 45 ...	9	8	2	1	9	5	—	1
45 and under 55 ...	12	9	1	—	15	4	—	1
55 and under 65 ...	6	2	2	1	4	2	—	1
65 and over	2	2	1	—	5	6	—	1
Totals ...	54	42	37	25	44	33	2	7

In addition to the 158 cases newly notified, 34 further cases came to my notice during 1935 in other ways than by formal notification. 15 were obtained from death returns, 18 were transfers to the City from other areas and 1 posthumous notification was received. 24 were pulmonary cases and 10 non-pulmonary, distributed as follows:—

Age Periods.	Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.
Under 1 year ...	—	—	—	1
1 and under 5 ...	—	—	1	1
5 and under 15 ...	2	—	2	—
15 and under 25 ...	4	2	—	—
25 and under 35 ...	2	1	—	1
35 and under 45 ...	—	—	—	2
45 and under 55 ...	3	2	—	1
55 and under 65 ...	1	3	—	1
65 and over	3	1	—	—
Totals ...	15	9	3	7

In all 192 cases of tuberculosis, 120 lung and 72 other forms, came to my knowledge during the year. The non-pulmonary cases were classified as follows:—

Age periods		Bones and joints.	Abdominal.	Peripheral glands.	Lupus.	Other Organs.
Under 1 year	...	—	—	2	—	2
1 and under 5	...	3	3	11	—	—
5 and under 15	...	6	2	21	—	—
15 and under 25	...	1	—	2	2	1
25 and under 35	...	2	—	1	1	—
35 and under 45	...	1	1	—	—	3
45 and under 55	...	—	1	1	—	—
55 and under 65	...	2	1	1	—	—
65 and over ..	...	1	—	—	—	—
Totals . .	...	16	8	39	3	*6

*These consisted of 1 each mastoid air cells, meningitis, leg abscess, keratitis, kidney and miliary.

Of the cases notified, 57 per cent. were males and 43 per cent. were females. 40 per cent. were married, 57 per cent. were single, and 3 per cent, were widowed. Information obtained from 175 of the cases revealed a family history of tuberculosis in 27 per cent.

The Notification figures for pulmonary cases are the lowest on record. In no previous year have the pulmonary notifications been less than 109, whereas the year's figure is only 96—54 males and 42 females. In last year's report it was pointed out that during 1934 there was an increase in the pulmonary notifications among young females, but no continuation of this increase has been observed. In actual fact, the greatest decrease occurred in the young female group, and only 10 females under 30 years of age were notified, compared with 30 notifications of a year ago. It is hoped that this decrease in notifications will be followed by a diminution in the mortality rate at a later date.

The notifications of non-pulmonary cases were almost identical with the previous year's figures in respect of females; among males there was an increase, mainly in glandular tuberculosis among school children and in surgical tuberculosis in adults.

The mortality figures show a gratifying decrease in all forms of the disease. The total tuberculosis deaths numbered 86, and is the lowest on record. There were 77 deaths from pulmonary tuberculosis—equalling the previous lowest figure—and 9 from non-pulmonary tuberculosis—the lowest ever recorded. The significance of this low figure is better appreciated when we compare the number of deaths in other years. In 1917 there were 236 tuberculosis deaths in the City—155 pulmonary and 81 non-pulmonary. That means there was 1 death from pulmonary tuberculosis during the year for every 2 in 1917, and 1 death from non-pulmonary tuberculosis for every 9 in 1917, despite the fact that the population of the city has increased by some 14,700 since that time. One notable feature of the non-pulmonary deaths was that only 5 cases were under the age of 25 years. The equivalent figure for 1934 was 16. The Table on page 109 shows the number of deaths registered and the death rates recorded during the years 1893-1935.

On the chart of notifications is again shown the number of working days lost due to unemployment. There was a gradual increase each year from 1926 until 1932. The figures for 1933 showed a decrease, which has since continued. 1932 was the peak year in respect of unemployment, and that year saw a check to the normal rate of decline in tuberculosis mortality. That check remained during 1933 and 1934, but the improved figures for 1935 approach again towards the normal rate of decline.

The deaths from phthisis numbered 77, representing a death rate of .62 per 1000, and from other tuberculous diseases 9—death rate .07 per 1000. In 1934 the corresponding figures were 97 and 20.

Of the total deaths from tuberculosis, 13, or 15%, had not been notified during life. No special action was taken in these cases as there was no evidence of wilful neglect or refusal to notify.

Dispensary Work.

In addition to the Administrative Tuberculosis Officer, the staff consists of a Clinical Tuberculosis Officer, a Health Visitor, and 1 Clerk.

There are four dispensary sessions weekly, one of which is reserved for children, where opportunity is taken to see suspected cases referred by the School Medical Officers and Officers of the Infant Welfare Centres, and also contacts of definitely tuberculous cases.

The Clinical Tuberculosis Officer made 2034 examinations, 1879, including contacts, at the Clinic and 155 at the patients' homes.

During the year, 135 *contacts* were examined for the first time. These were in addition to the contacts examined at the School Clinics and Infant Welfare Centres, where the facilities for observation were utilised as much as possible. To assist in the co-operation of supervision of school children who are contacts of pulmonary cases, record cards have been provided so that School Medical Officers may make observations on their progress

DEATHS AND DEATH-RATES FROM TUBERCULOSIS.

Year.	Population.	Deaths.			Death-rate per 1000 of population.		
		Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	Tuberculosis (all forms).
1893	104,184	144	106	250	1·38	1·02	2·40
1894	105,645	160	103	263	1·51	0·97	2·48
1895	107,127	156	99	255	1·46	0·92	2·38
1896	108,630	118	86	204	1·08	0·79	1·87
1897	110,154	155	83	238	1·41	0·75	2·16
1898	111,699	119	97	216	1·06	0·87	1·93
1899	113,266	115	75	190	1·02	0·66	1·68
1900	114,855	144	98	242	1·25	0·85	2·10
1901	111,728	154	96	250	1·37	0·86	2·23
1902	113,173	143	94	237	1·26	0·83	2·09
1903	114,351	128	90	218	1·12	0·78	1.90
1904	115,538	163	104	267	1·41	0·90	2·31
1905	116,741	150	75	225	1·28	0·64	1·92
1906	117,958	149	94	243	1·26	0·80	2·06
1907	119,191	139	79	218	1·16	0·66	1·82
1908	122,841	142	70	212	1·15	0·57	1·72
1909	124,136	131	70	201	1·05	0·56	1·61
1910	125,446	133	72	205	1·06	0·57	1·63
1911	121,682	141	69	210	1·16	0·56	1·72
1912	122,479	131	55	186	1·06	0·45	1·51
1913	123,288	134	49	183	1·08	0·40	1·48
1914	124,107	144	48	192	1·16	0·38	1·54
1915	116,000	130	59	189	1·12	0·50	1·62
1916	113,000	149	58	207	1·32	0·51	1·83
1917	110,000	155	81	236	1·41	0·73	2·14
1918	107,245	157	56	213	1·46	0·52	1·98
1919	124,997	108	43	151	0·86	0·34	1·20
1920	125,700	125	38	163	1·0	0·30	1·30
1921	122,400	147	26	173	1·20	0·21	1·41
1922	122,900	135	32	167	1·10	0·26	1·36
1923	123,600	128	21	149	1·03	0·17	1·20
1924	123,900	121	30	151	0·98	0·24	1·22
1925	124,000	117	22	139	0·94	0·18	1·12
1926	123,500	91	22	113	0·73	0·18	0·91
1927	124,600	109	26	135	0·87	0·21	1·08
1928	124,700	81	13	94	0·65	0·10	0·75
1929	124,900	100	18	118	0·80	0·14	0·94
1930	124,900	78	12	90	0·624	0·096	0·72
1931	126,100	77	11	88	0·61	0·08	0·69
1932	126,600	100	12	112	0·79	0·09	0·88
1933	126,100	93	15	108	0·737	0·118	0·855
1934	125,700	97	20	117	0·77	0·16	0·93
1935	124,700	77	9	86	0·62	0·07	0·69

at the time of school inspection. Full use was made of the Open-Air School and, through the Invalid Children's Aid Association, the Convalescent Homes in the county for those contacts who were found to be debilitated.

4 contacts were found to be tuberculous and notified accordingly—2 pulmonary and 2 non-pulmonary. The invitation to appear for examination is extended wherever possible. In the case of children, the offer is almost universally accepted, but there is still reluctance on the part of some adults, who feel they have nothing to gain and everything to lose. Such an outlook may be sufficient for to-day but, as frequently happens, it may be an ill-advised policy for the future.

The *X-ray work* in connection with the Dispensary has again been undertaken by Dr. J. S. Levack, D.M.R.E., whose co-operation has been most helpful. During the year, 193 X-ray examinations were made of 176 pulmonary and 17 non-pulmonary cases. This represents more than double the number of such examinations of the previous year. In dispensary work this mode of examination is employed more and more frequently, especially in cases of early and doubtful disease.

1073 *sputum examinations* were carried out in respect of dispensary work during the year, including examinations done for general practitioners.

During the previous year a recommendation had been sent to the District Medical Officers and other practitioners that the facilities for sputum examination should be utilised in all cases of chronic respiratory trouble of doubtful origin. A satisfactory response continues to be given, and the number examined is 100% higher than 5 years ago. Facilities for free examination of sputum are available at the Public Health Department and the Isolation Hospital. It is again to be pointed out that the unsuspected case is more likely to be of danger to the general public than one who understands and carries out the necessary measures for the proper disposal of sputum.

32 patients were referred for *dental treatment,* which was undertaken by the Dental Department at Churchman House. In 18 cases dentures were supplied. In addition, the Committee occasionally accepted financial responsibility for dental treatment of cases in Sanatoria.

Operative measures, such as artificial pneumothorax and phrenicectomy are undertaken at the Norfolk and Norwich Hospital.

Home Visits.

The Tuberculosis Health Visitor, in addition to 156 primary visits paid for the purpose of ascertaining the environmental conditions of newly notified cases, made 1280 re-visits to old cases.

At the time of the first visit, 35.3 per cent. of the cases at home occupied a separate bedroom, 12.35 per cent. a separate bed, and 52.35 per cent. shared a bed with another person, presumably non-tuberculous.

The percentage of cases, where enquiry was made, who at the time of the first visit were occupying a separate bedroom, has varied as follows:—

1922	46.3	1929	48.4
1923	43.5	1930	49.2
1924	44.0	1931	50.1
1925	43.3	1932	49.0
1926	35.2	1933	40.7
1927	41.0	1934	34.7
1928	50.3	1935	35.3

In addition to the visits of the Health Visitor, 2160 visits were paid by the Nurses from the Cavell Home. These visits are made on the recommendation of the Clinical Tuberculosis Officer and general practitioners concerned.

326 of these visits were made for the compilation of temperature pulse records for diagnostic purposes and the remaining 1834 were made for the purpose of home nursing.

Institutional Treatment.

(*i.*) 12 beds are reserved for male patients at Kelling Sanatorium, where additional beds are taken temporarily as required. 9 beds are reserved for women at Bramblewood Sanatorium. Patients were also sent to Maltings Farm Sanatorium, Nayland; The Children's Sanatorium, Holt; Ipswich Sanatorium; and Papworth Village Settlement, Cambridge.

(*ii.*) Stanninghall Colony was closed in September. 16 beds were reserved and all were more or less in constant employment for City patients. To be deprived of the use of 16 beds at a near distance from Norwich was an inconvenience, but arrangements were made for the proceeds of the sale of Stanninghall to be diverted to the development of Kelling Sanatorium, where an extension has now been made to accommodate and treat the patients previously sent to the Colony.

(*iii.*) Isolation Hospital—2 pavilions, 12 beds for males and 12 for females.

(*iv.*) Cases of surgical tuberculosis in adults were sent to the Royal Sea Bathing Hospital, Margate; St. Michael's Orthopædic Hospital, Clacton, and the local general hospital.

Children were sent to the Lord Mayor Treloar Cripples' Hospital at Alton; Heatherwood Hospital, Ascot; the "Rob Roy" Home, Margate; the East Anglian Children's Sanatorium, Nayland; the local general hospitals and the Fletcher Convalescent Home, Cromer.

2 male lupus patients were sent for light treatment at the London Hospital, and made 205 attendances. 1 other patient attended half-yearly for re-examination.

(*v.*) The Poor Law Infirmary for pulmonary and non-pulmonary cases was also utilised when necessary.

The total number of cases of pulmonary tuberculosis treated in institutions during the year numbered 144 males, 75 females and 7 children. Non-pulmonary cases who received treatment in institutions outside the City were 1 male, 4 females and 13 children. 4 males, 2 females, and 12 children were treated in the general hospitals in the City.

The following table shows the average daily number of patients at each institution, together with the duration of stay of those patients discharged during 1935. The figures in brackets after the name of the institution show the highest number of patients—patients on leave are counted as being under treatment. During the year, 23 deaths occurred at the institutions :—

Institution.	Average daily no. of patients.	Length of Stay of patients discharged.			
		Under 3 mnths. but exceeding 28 days.	3 to 6 months.	6 to 12 months.	Over 12 months.
(*a*) *Pulmonary Cases.*					
Kelling Sanatorium ... (46)	36.96	7	11	11	11
Bramblewood Sanatorium ... (9)	8.96	1	1	2	2
Maltings Farm Sanatorium ... (17)	12.24	1	3	10	4
Isolation Hospital (Males) ... ... (12)	11.65	8	5	1	4
Isolation Hospital (Females) ... (11)	9.40	6	5	7	—
Stanninghall Colony ... (16)	6.41	2	2	2	12
Papworth Village Settlement ... (3)	2.04	—	—	—	—
Holt Children's Sanatorium ... (3)	1.70	—	—	2	1
Norfolk and Norwich Hospital ... ... (1)	.17	—	—	—	—
Ipswich Sanatorium ... (1)	.61	—	—	1	—
Essex County Hospital (1)	.09	—	—	—	—
Totals (pulmonary) ...	90.23	25	27	36	34

Institution.	Average daily no. of patients.	Length of Stay of patients discharged.			
		Under 3 mnths. but exceeding 28 days.	3 to 6 months.	6 to 12 months.	Over 12 months.
(*b*) *Non-Pulmonary Cases.*					
Royal Sea Bathing Hospital, Margate ... (1)	·04	—	—	1	—
St. Michael's Orthopædic Hospital, Clacton (1)	·63	—	1	—	1
Norfolk and Norwich Hospital ... ... (2)	·65	3	—	—	—
East Anglian Children's Sanatorium, Nayland ... ... (3)	2·41	—	2	—	2
Lord Mayor Treloar Cripples' Hospital, Alton ... ... (5)	4·01	—	—	—	1
Heatherwood Hospital (1)	·49	—	—	—	1
Rob Roy Home, Margate ... ... (1)	1·00	—	—	—	—
Fletcher Convalescent Home, Cromer ... (1)	·07	—	—	—	—
Jenny Lind Hospital ... (1)	·22	1	—	—	—
Papworth Village Settlement ... (2)	1·13	—	—	—	—
Totals (Non-Pulmonary)	10 65	4	3	1	5
GRAND TOTALS ...	100 88	29	30	37	39

The Council decided in February that the institutional treatment of tuberculosis be free in all cases, irrespective of income, for a period of one year, and that the question be reviewed at the end of that period.

Domiciliary Treatment.

Extra nourishment was supplied in necessitous cases. On the recommendation of the Clinical Tuberculosis Officer, orders were given for the supply of 34,804 pints of milk, 14 lbs of butter, 588 eggs, 56 lbs. of cod liver oil and malt, 6 lbs. of virol, and 1000 Advita capsules.

Shelters, bedsteads and bedding are also provided on loan to such cases as are recommended for them. Paper handkerchiefs, pocket sputum flasks, and disinfectants are given for the ready disposal of infected sputum. The disinfection of rooms vacated by patients who have gone for institutional treatment, or who have died, is offered in every case, and the offer continues to be met with an almost universal acceptance.

Housing.

In June a deputation from the Tuberculosis Sub-Committee met the Housing Committee to discuss the housing conditions and requirements of a list of tuberculous patients. The Housing Committee agreed to build 50 houses without subsidy to meet the needs of urgent cases and, as a consequence, 20 families were rehoused by the end of the year. 8 families had been rehoused earlier in the year, making a total of 28 transfers to the new estates of the City in addition to the families affected by Slum Clearance activities.

Literature.

As an educational measure, leaflets published by the National Association for the Prevention of Tuberculosis have been disposed of in connection with dispensary work. To patients and relatives, these leaflets have helped to supplement verbal advice given at the Dispensary, or at home visitations.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under these Regulations with regard to employees in the milk trade. No person in the milk trade was notified as suffering from tuberculosis.

PUBLIC HEALTH ACT, 1925. SECTION 62.

No action was taken under this Section with regard to the compulsory removal to Hospital of any person suffering from tuberculosis.

Statistics.

The Charts show the tendencies of tuberculosis in previous years. In addition, the approximate number of working days lost due to unemployment for the past 13 years is given, these figures being kindly supplied by the Ministry of Labour Employment Exchange.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts) :—													
(*a*) Definitely tuberculous ...	52	33	—	—	10	11	22	14	62	44	22	14	142
*(*b*) Diagnosis not completed ...	—	—	—	—	—	—	—	—	11	10	6	8	35
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	72	54	38	26	190
B.—CONTACTS examined during the year :—													
(*a*) Definitely tuberculous ...	—	2	—	—	—	—	1	1	—	2	1	1	4
*(*b*) Diagnosis not completed ...	—	—	—	—	—	—	—	—	3	3	1	6	13
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	23	20	37	38	118
C.—CASES written off the Dispensary Register as :—													
(*a*) Recovered	10	4	—	—	3	4	11	8	13	8	11	8	40
(*b*) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	98	75	75	64	312
D.—NUMBER OF CASES on Dispensary Register on December 31st :—													
(*a*) Definitely tuberculous ...	238	160	7	10	41	43	87	84	279	203	94	94	670
(*b*) Diagnosis not completed ...	—	—	—	—	—	—	—	—	14	14	7	14	49

* *i.e.*, remaining undiagnosed on 31st December.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY—*Continued.*

1. Number of cases on Dispensary Register on January 1st	633	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	26
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	25	4. Cases written off during the year as Dead (all causes)	65
5. Number of attendances at the Dispensary (including Contacts) ...	1879	6. Number of Insured Persons under Domiciliary Treatment on the 31st December	133
7. Number of consultations with medical practitioners:— (*a*) Personal ... ... (*b*) Other	 7 271	8. Number of visits by Tuberculosis Officer to homes (including personal consultations)	155
9. Number of visits to homes for Dispensary purposes:— (*a*) By Health Visitors ... ... (*b*) By The Cavell Nurses ...	 1436 2160	10. Number of:— (*a*) Specimens of sputum, etc., examined ... ... (*b*) X-ray examinations made in connection with Dispensary work	 1073* 193
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(*a*) and A(*b*) page 115	1	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	298

*Including those examined for general practitioners.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR IN INSTITUTIONS (OTHER THAN POOR LAW INSTITUTIONS) APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

		In Institutions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31st.
Number of doubtfully tuberculous cases admitted for observation ...	Adult males ...	—	—	—	—	—
	Adult females ...	—	—	—	—	—
	Children ...	—	—	—	—	—
	Total ...	—	—	—	—	—
Number of patients suffering from pulmonary tuberculosis	Adult males ...	58	84	68	14	60*
	Adult females ...	31	43	42	7	25
	Children ...	4	3	5	1	1*
	Total ...	93	130	115	22	86*
Number of patients suffering from non-pulmonary tuberculosis	Adult males ...	—	2	1	—	1
	Adult females ...	2	4	4	—	2
	Children ...	7	16	14	1	8
	Total ...	9	22	19	1	11
GRAND TOTAL		102	152	134	23	97*

*During the year responsibility for 1 adult male patient was taken over by another Authority, and responsibility was accepted in respect of 2 adult male patients and 1 child, already admitted by another Authority.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED DURING THE YEAR IN POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE COUNCIL.

		In Institutions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis	Adult males ...	3	7	7	1	2*
	Adult females ...	4	3	1	5	1
	Children ...	1	—	1	—	—
	Total ...	8	10	9	6	3*
Number of patients suffering from non-pulmonary tuberculosis	Adult males ...	7	—	6	—	1*
	Adult females ...	3	—	3	—	—*
	Children ...	3	1	2	—	2*
	Total ...	13	1	11	—	3*
GRAND TOTAL		21	11	20	6	6*

*During the year it was decided that 1 adult male with pulmonary tuberculosis and 5 adult males, 3 adult females and 1 child with non-pulmonary tuberculosis, included in Col. 1, were no longer requiring residential treatment for tuberculosis. These cases were retained in the Institution because of other diseases or destitution, and are not included in the final column.

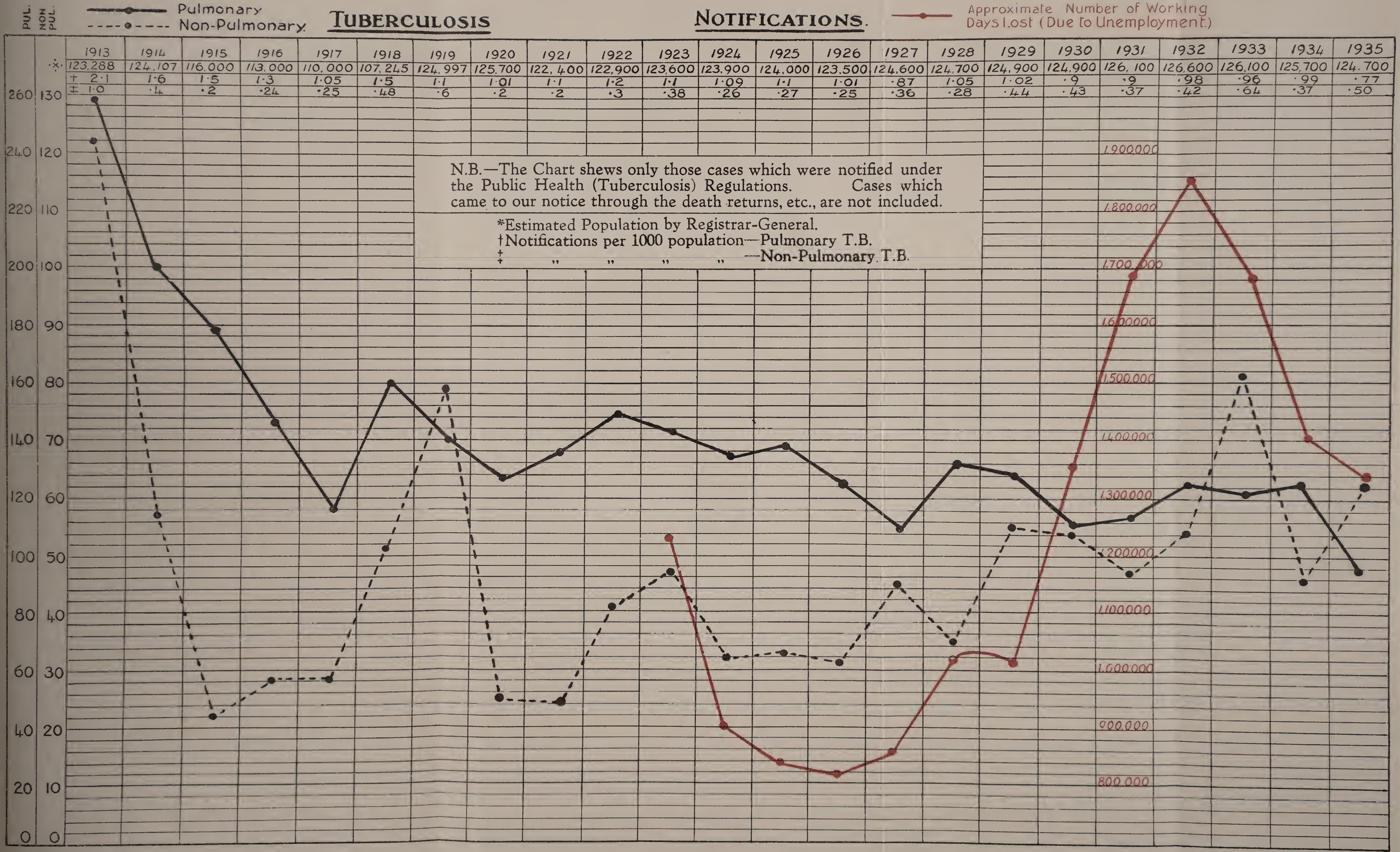
RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

	Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment in the Institution.															GRAND TOTALS.
			Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ...	1	1	—	2	1	1	1	1	2	—	2	1	4	5	4	13
		Not quiescent	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
		Died in Institution	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
	Class T.B. plus. Group I.	Quiescent ...	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
		Not quiescent	—	—	—	1	—	—	2	5	—	2	1	—	5	6	—	11
		Died in Institution	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
	Class T.B. plus. Group II.	Quiescent ...	1	—	—	1	—	—	—	2	—	2	—	—	4	2	—	6
		Not quiescent	3	4	—	3	4	—	8	7	—	14	3	—	28	18	—	46
		Died in Institution	1	—	—	—	—	—	1	—	—	—	—	—	2	—	—	2
	Class T.B. plus. Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	5	—	—	6	2	—	2	2	1	6	—	—	19	4	1	24
		Died in Institution	6	2	—	2	2	—	—	1	1	1	—	—	9	5	1	15

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS—*Continued.*

	Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment in the Institution.															GRAND TOTALS
			Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch.	M.	F.	Ch	
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	2
		Not quiescent	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	2
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	—	—	—	—	1	—	—	—	—	—	1	—	—	2	—	2
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral glands.	Quiescent ...	—	—	—	—	—	1	—	1	—	—	—	2	—	1	3	4
		Not quiescent	—	—	2	—	—	1	—	—	—	—	—	—	—	—	3	3
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TUBERCULOSIS NOTIFICATIONS.

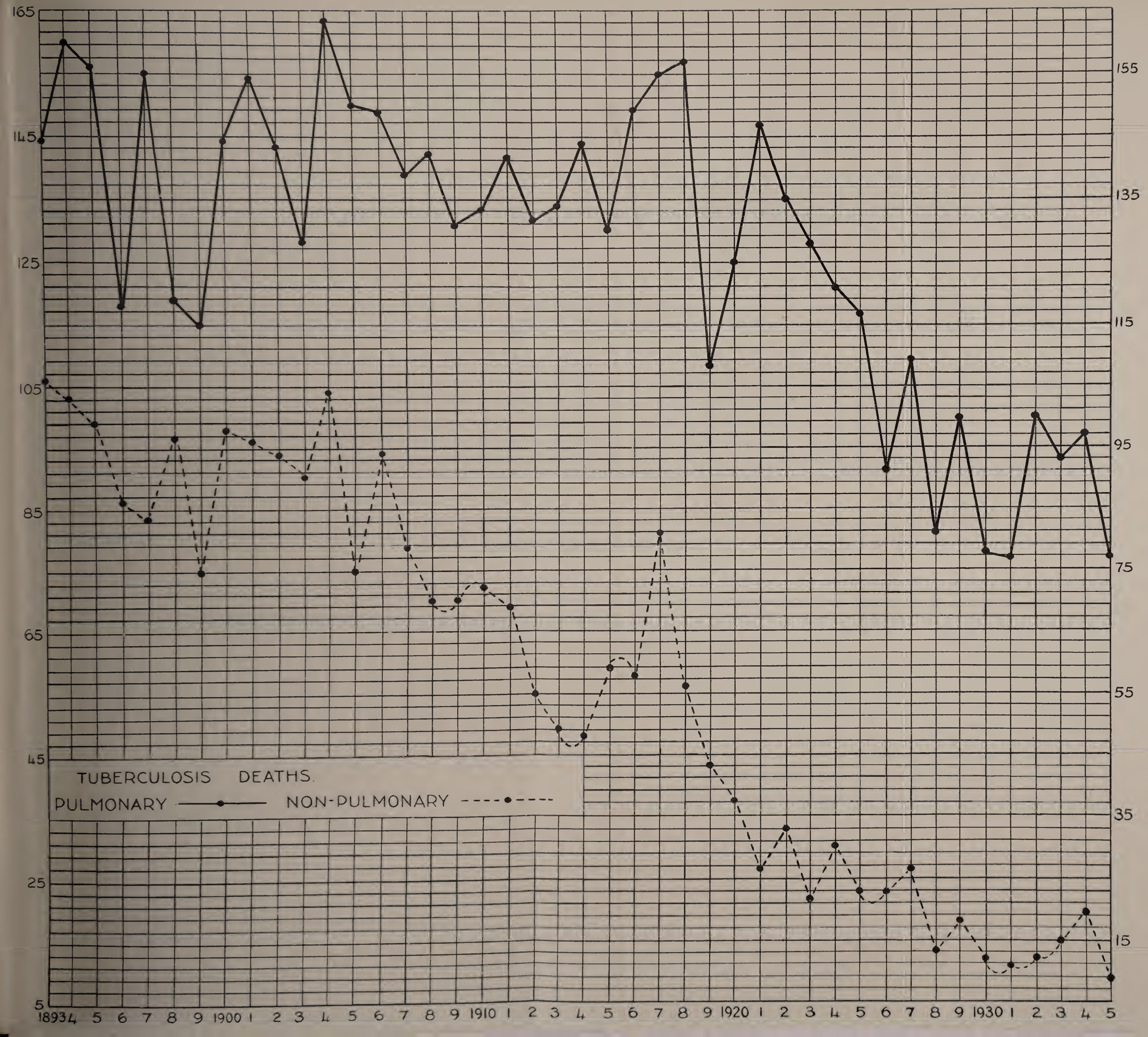


	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
*	123.288	124,107	116.000	113,000	110,000	107,245	124,997	125.700	122,400	122,900	123,600	123,900
†	2·1	1·6	1·5	1·3	1·05	1·5	1·1	1·01	1·1	1·2	1·1	1·09
‡	1·0	·4	·2	·24	·25	·48	·6	·2	·2	·3	·38	·26

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
*	124,000	123.500	124.600	124.700	124,900	124,900	126, 100	126,600	126,100	125,700	124.700
†	1·1	1·01	·87	1·05	1·02	·9	·9	·98	·96	·99	·77
‡	·27	·25	·36	·28	·44	·43	·37	·42	·64	·37	·50

N.B.—The Chart shews only those cases which were notified under the Public Health (Tuberculosis) Regulations. Cases which came to our notice through the death returns, etc., are not included.

*Estimated Population by Registrar-General.
†Notifications per 1000 population—Pulmonary T.B.
‡ " " " " —Non-Pulmonary T.B.


TUBERCULOSIS DEATHS.
PULMONARY ——•——
NON-PULMONARY ----•----
165
145
125
105
85
65
45
25
5
155
135
115
95
75
55
35
15
1893
4
5
6
7
8
9
1900
1
2
3
4
5
6
7
8
9
1910
1
2
3
4
5
6
7
8
9
1920
1
2
3
4
5
6
7
8
9
1930
1
2
3
4
5

WELFARE OF THE BLIND

BLIND PERSONS ACT, 1920.

REPORT FOR YEAR ENDED 31st MARCH, 1936.

MEMBERS OF THE HEALTH (SUB) COMMITTEE *RE* BLIND PERSONS WELFARE.

Chairman - Councillor T. Glover, C.B.E., J.P.

Vice-Chairman - Alderman Miss M. M. Clarkson, C.B.E., J.P.

Members :—

Councillors—

Mrs. L. F. Hancock

Rev. H. Pitts

Mrs. A. M. Witard

R. C. Fanthorpe, Esq., *Superintendent and Secretary of the Norwich Institution for the Blind.*

Messrs. G. W. H. Wright and J. Brighty, *Representatives of Blind Persons.*

Statistics.

No. of Blind Persons on Register on 1st April, 1935 ...	379
,, ,, ,, Registered during the year... ...	34
,, ,, ,, removed from the Register... ...	32
,, ,, ,, on Register on 31st March, 1936 ...	*381

*This number consists of 182 males and 199 females.

	Males.	Females.	Total.
In Norwich Institution for the Blind (Home Department)	5	5	10
In the Public Assistance Institution ...	5	13	18
In Mental Institutions	4	—	4
At the East Anglian School for Blind and Deaf Children	4	3	7
Under Training	4	2	6
Employed	24	5	29
Other Registered Cases	136	171	307
Totals ...	182	199	381

The Number of persons on the observation register on the 31st March, 1936, was 196.

54 new cases were examined, 24 of whom were certified "Blind"; 17 cases on the observation register were re-examined, 8 of whom were certified "Blind"; 1 blind person moved into the City from another district and 1 was re-registered after a period of absence from the City, making a total of 34 persons registered during the year. 3 registered blind persons were re-examined and still certified blind. 30 blind persons died and 2 removed to other districts.

Employment.

The number of blind persons employed was 29—24 males and 5 females. The classes of employment were as follows:—

Males.

Basket Work	9	Brought forward	13	
Boot Repairing	1	Matmakers	7	
Carpenter	1	Piano Tuners	2	
Home Teacher	1	Pianist (part-time)	1	
Masseur	1	Solicitor	1	
Carried forward	13			24

Females.

Machine Knitters	3	Brought forward	4	
Music Teacher	1	Masseuse	1	
				5
Carried forward	4			
		Total		29

1 piano tuner also does a little wireless repairing and accumulator charging.

Of these persons 14 males and 3 females were employed at the Norwich Institution for the Blind; 5 males were working at home under the supervision of St. Dunstan's; and 5 males and 2 females were employed elsewhere.

Training.

The number of persons in training was 6 (4 males and 2 females), all being under training at the Norwich Institution for the Blind.

7 children (4 boys and 3 girls) are being educated and maintained at the East Anglian School for Blind and Deaf Children

at Gorleston. 1 boy attends no school owing to mental and physical defects, and 1 girl is receiving private tuition.

Finance.

Under Section 102 (1) of the Local Government Act, 1929, the Ministry of Health set out statements of certain fixed sums which are to be paid by the Local Authority to Voluntary Associations for the Blind, in place of the grant formerly paid by the Ministry of Health to these Associations direct, and the contributions made by Local Authorities. Under this scheme fixed annual sums have been agreed upon, which are payable to Associations as follows :—

	£	s.	d.
Eastern Counties' Association for the Blind ...	47	0	0
National Library for the Blind	19	0	0
National Institute for the Blind	59	0	0

The annual sum of £1080 has been fixed as the amount payable to the Norwich Institution for the Blind, but this amount is liable to vary in accordance with the number of blind persons attached to that Institution who are registered as Norwich cases. This sum is based upon the payment of the following annual sums per person, according to the department of the Institution to which they are allocated :—

	£	s.	d.
Journeymen	65	0	0
Home Inmates—			
Registered Norwich cases who are in receipt of a Blind Pension	49	8	0
Registered Norwich cases who are not eligible for a Blind Pension	56	16	0
Persons in the Home Department previous to 1920, but who came from other areas	13	0	0

The following sums were actually paid during the year to these Associations or Institutions :—

	£	s.	d.
Norwich Institution for the Blind	1858	16	2
Eastern Counties' Association for the Blind ...	47	0	0
National Library for the Blind	19	0	0
National Institute for the Blind	59	0	0
Total	£1983	16	2

Relief is still granted to unemployable and necessitous blind persons so as to make their income up to 27/6d. per week, and during the year, £10,395 5s. 7d. was paid out by the Council to a weekly average number of 270 persons. On the 31st March, 1936, 268 blind persons were in receipt of allowances.

Home Teachers.

The Home Teachers paid 5240 visits during the year. They instructed and assisted those persons desirous and capable of receiving instruction in Handicraft, Braille and Moon, whilst for others the sighted Home Teacher assisted them with their correspondence and private business matters. The latter is also responsible for investigations into circumstances, etc.

The following lessons in Handicrafts, Braille and Moon were given:—

Braille	146	Pulp Cane	35
Moon	79	Knitting	211
Seagrass	9	Straw Baskets	82
Chair Caning	17		
Raffia Work	14		593

The Home Teachers conducted an informal class in Handicrafts at Churchman House on 1 half day each week. About 6 persons attended these classes regularly.

Social Arrangements.

Monthly "socials" were held throughout the year with the exception of August, and were much appreciated. The average attendance at each "social" was 75 blind persons, and 27 persons acting as guides. At these "socials" we are very much indebted to the Concert Parties and other artists who gave their time for the enjoyment of the blind people, and to the voluntary helpers, especially to the members of Toc H, and some members of the Office Staff.

£51 9s. 11d. has been very generously provided by the Committee of the Norwich Institution for the Blind for the social side of the welfare of blind persons.

On Thursday, 4th July, 1935, the Norwich Rotary Club again arranged an annual outing for the blind. 230 blind persons were conveyed via Great Yarmouth and Potter Heigham to

Woodbastwick Hall, where tea was provided through the kindness of Mr. and Mrs. J. Cator. Afterwards they were entertained by a concert on the lawn.

Wireless Sets, etc.

Since the inauguration of the British Wireless for the Blind Fund, 23 one-valve, 160 two-valve, 45 three-valve wireless sets and 100 Relays have been provided for blind persons in Norwich. Of this number, 16 one-valve, 32 two-valve, 22 three-valve sets and 94 Relays are at present in use.

The Rotarians maintained a wireless centre for the blind at the Y.M.C.A. Rooms, St. Giles' Street, up to 31st March, 1936. The use of this centre has been much appreciated by several blind persons. Other accommodation is being sought as this centre is no longer available.

Blind persons are responsible for the upkeep of the sets loaned to them, and to assist them in this matter, batteries and other accessories can be purchased by them, through the Health Department, from the British "Wireless for the Blind" Fund, at reduced prices. Arrangements exist whereby the Council purchases a battery from the Fund for a blind person on request, and the person is allowed to pay the cost to the Council by weekly instalments of at least 1/-.

The Committee of the Norwich Institution for the Blind has on one or two occasions provided the money for the purchase of batteries in special cases. In November the Eastern Counties' Association for the Blind made a grant of £14 4s. 3d. for use in connection with the maintenance of wireless sets.

Dentures, etc.

The Committee provided dentures to 11 persons free or at part cost, and special surgical appliances to 5 persons free.

The Committee has provided a bath chair, which is loaned to those blind persons who are unable to walk, in order that their relatives and friends can take them out.

Prevention of Blindness.

As there has been no evidence during the year of any difficulty in obtaining medical treatment which would prevent blindness, it was not considered necessary to take any action under Section 66 of the Public Health Act, 1925.

Every effort is, however, made to prevent blindness by securing treatment for gonorrhœal ophthalmia, syphilis and tuberculosis; by increasing the attention to eyes through the Maternity and Child Welfare and School Medical Services; and by improving the attention to the nutrition and living of the people as far as possible. It should be borne in mind, however, that this latter item will lengthen and is lengthening the lives of blind persons as well as those of sighted people and therefore this lengthening of life tends to keep up the numbers on the register.

SCHOOL MEDICAL SERVICE

Norwich Education Authority.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit the annual report of the School Medical Service for the year ending December 31st, 1935. As in previous years, the arrangement is in accordance with the suggestions of the Board of Education.

1935 has been a full year but there has been nothing very outstanding therein. The two chief features were, firstly, the comparative freedom from infectious disease, and, secondly, the interest which was aroused nationally and locally in the question of nutrition, chiefly perhaps with regard to school children; a survey was taken in Norwich, and the milk experiment, started in 1934, was continued during the year. In considering the figures in this Report, the occurrence of this nutritional survey must be borne in mind, as there is no doubt that it has affected some of the statistics materially. I may say that the Medical Officers were instructed to carry out the survey with a liberal mind. The survey by the Medical Officers was carried out on all those children considered by the school teachers to need extra nourishment.

The Committee proceeded to put into force its previous determination to deal more drastically with cases of head vermin in the hope of abolishing, in due course, this minor pest.

There was some discussion during the year at various conferences and in the medical journals as to the desirability of certain alterations in the school medical inspection arrangements, and criticisms were levelled at the existing system, largely to the effect that the school children were only seen at three cross sections of their school life. This was not strictly true with regard to Norwich, as in this City we have for many years examined the school children five times during their school career. Nevertheless, the Committee had this matter under their consideration, and it was felt in the first place that the ages at which we have been inspecting the school children were not selected to the best advantage; heretofore, we have examined them according to the Board's Code Age Groups, and, in addition, at 10 years of age and 13½. As a certain number of children enter school at 4 years of age, and even a few before they are 4, it will be seen that a child might go in its infancy for a period of 4 years or even more between consecutive medical inspections, whereas at the latter part of its school life it was never more than 2 years, and might even be

18 months. This was obviously unsatisfactory, and, with the Board's approval, the Committee have decided to inspect children at the following ages:—Entrants, 6 years, 8 years, 11 years (corresponding to the Board's group of leavers at 12 years) and 13 years. It will be noted that we are in a very fortunate position with regard to medical inspection of older children if and when the school leaving age is raised to 15, as we should then only require to advance one age group one year. Further, the Committee decided to embark on a system of weighing and measuring the children at regular short intervals, *e.g.*, 3 months throughout their school life. These changes are to take effect in 1936.

The Committee have been impressed during the year with the advisability of instructing the children in Social Hygiene, and, with that aim in view, decided on teaching elementary biology in the schools in accordance with the recommendation of The British Social Hygiene Council. This matter was being organised during the year by the Education Department.

There has been increased examination during 1935 of children from the mentally deficient point of view. It is to be hoped that this means an improvement in the certification arrangements of these children. There is much talk in these days of birth control and voluntary sterilization. It is obvious that if these measures are to be adopted, the first essential is to know precisely who are to be voluntarily sterilized, and adequate certification in school life is certainly the first step towards settling this fundamental requirement. Moreover, this certification, where necessary, is a desirable protection in later life for the appropriate children. However, it will be limited in its effects while there remains the big group of people just above our present certifiable line, which big group causes many of our difficulties.

It is a pleasure to renew my thanks to the members of the Education Committee for their support, to the teachers, the Staff of the Education Department, and my own Staff, for the assistance given so readily throughout the year.

I have the honour to be,

Your faithful servant,

V. F. SOOTHILL.

March 4th, 1936.

(1) **Staff.**—See pages 9 and 10.

(2) **Co-ordination.**—The whole of the Public Health Staff is co-ordinated in and directed from the office of the Medical Officer of Health. Dr. G. W. Riddel, who has attended alternate meetings of the Education (Sub) School Attendance and Physical Care Committee, has carried out more school medical inspections than any of the other Medical Officers, each of whom devotes part of his or her time to this branch of the service.

The School Nurses also act as Health Visitors and the visitation of mothers and infants is carried out by these Officers. Infant Welfare Centres were conducted as under :—

Martineau Hall, Colegate,	Tues. & Fri. afternoons.
The Methodist Hall, Southwell Road	Monday afternoons.
St. Barnabas' Parish Hall,	Tuesday mornings.
St. Julian's Parish Hall,	Wednesday mornings.
Thorpe Hamlet Senior Girls' School,	Wednesday afternoons
Catton Church Room,	Thursday mornings.
Eaton Parish Room,	Thursday afternoons.
St. Catherine's Hall,	Friday mornings. Monday mornings (from October 21st)

A Medical Officer was present on each day. Infants whom the Medical Officers think need treatment for defective vision are seen, if the parents desire, at Churchman House by the Ophthalmic Surgeon; and children under 5 years of age suffering from ringworm can be treated at the Special Clinic. Dental treatment in respect of expectant and nursing mothers and infants is carried out by the School Dentists at the School Dental Clinic. Orthopædic treatment and surgical appliances for children under 5 years of age are provided, the cost being borne, wholly or in part, by the Council where the financial circumstances of the parents justify such a course. Treatment of discharging ears in children residing in a certain area is carried out by a Nurse on the recommendation of the Ear, Nose and Throat Specialist.

Fresh milk, dried milk and food, malt and oil, virol, etc., are granted in necessitous cases, either free or at part or whole cost according to the financial circumstances of the parents. 7441 visits were paid by the Health Visitors during the year to children between the ages of 1 to 5 years, and 20,670 attendances were made at the Infant Welfare Centres by children of these ages.

(3) **School Hygiene.**—The hygienic conditions of the Schools in the City are fairly satisfactory; and the average standard has improved somewhat as three of the older schools were closed during the year. One other school building was vacated, the school being combined with another one. There are still some of the older schools which, as is to be expected, leave much to be desired in respect of surroundings, playground accommodation, ventilation, lighting and cloak-room accommodation. The more modern schools, which accommodate the bulk of the children, are more satisfactory—the cloak-room accommodation in most of them is adequate, and in many there is provision for the drying of clothes. All the schools have electric light.

The closets are of the flush variety and generally satisfactory. Equipment in the more modern schools is good and adequate. Heating is provided by open fires, stoves, hot water piping, and in two special schools, by a system of general underfloor radiant heating. Up-to-date drinking arrangements have been installed in almost all the schools.

With the exception of the Open Air School, including the school for mentally defectives, none of the schools is provided with a bath.

(4) **Medical Inspection.** There are 2 Central Schools, one for each sex, an Open Air School on the site of which is the Special School for Mentally Defectives, and 28 Elementary Schools with 62 Departments—21 Infants, 2 Primary Girls and Infants, 2 Primary and Infants, 14 Primary Mixed, 2 Primary Boys, 2 Primary Girls, 9 Senior Girls, 8 Senior Boys, 1 Boys and 1 Girls and Juniors. The total number of children attending these schools on December 20th was 16,709.

There are 2 Secondary Schools, 1 Junior Technical School, and, since September, 1935, 1 Junior Art School, with 1197, 148 and 24 scholars respectively.

Every effort is made to notify the Head Teachers one week beforehand of the intention to conduct medical inspections at the schools, and on the days appointed a Medical Inspector attends and examines the children systematically. A School Nurse precedes him and usually has a number of children weighed and measured when the doctor arrives. Parents are encouraged to attend the inspections. At some schools the examinations have to be held under trying conditions, due to lack of adequate rooms, etc.

The age groups of the children inspected are those set out in the Board's Schedule of medical inspection, and, in addition, the age groups 10-11 and 13-14 were included. The inclusion of these age groups is very desirable, and I shall be glad to extend these arrangements as soon as an opportunity is afforded, but, owing to various exigencies, the programme of routine medical inspection was not fully completed.

The numbers of children who were examined at the Elementary Schools during the year in the various groups are as follows:—

	Boys.	*Girls.*	*Totals.*
Entrants	955	947	1902
Intermediates (8 years) ...	676	570	1246
Leavers	794	802	1596
Other Groups : 10-11 years...	743	749	1492
13-14 years...	708	749	1457
Miscellaneous	73	66	139
TOTALS	3949	3883	7832

(5) **Findings of Medical Inspection.**—Facts disclosed by Medical Inspection.

ELEMENTARY SCHOOLS.

Defect or Disease.	Routine Inspections.	"Specials" at School or Clinic.	Total Defects.	Referred for Treatment.
Uncleanliness :				
Head	126	602	728	728
Body	11	8	19	19
Minor Injuries, Septic Sores, etc.	31	1290	1321	1320
Tonsils and Adenoids ...	326	395	721	318
Other Diseases of the Nose and Throat	74	780	854	807
Pulmonary Tuberculosis :				
Definite	—	2	2	2
Suspected	—	—	—	—
Non-Pulmonary Tuberculosis	8	24	32	32
Skin Disease	114	853	967	955
External Eye Disease ...	59	458	517	487
Vision and Squint	510	528	1038	883
Ear Disease and Hearing ...	64	338	402	363
Dental Diseases	51	315	366	328
Crippling Defects, Deformities, etc.	134	143	277	230
Malnutrition	546	893	1439	1298
Enlarged Cervical Glands (Non-Tuberculous)	52	242	294	177
Defective Speech	17	31	48	20
Heart & Circulatory Diseases	125	265	390	333
Bronchitis	75	115	190	162
Other Non-Tuberculous Diseases of the Lungs ...	9	71	80	74
Diseases of the Nervous System	63	187	250	192
Other Defects and Diseases ...	358	1833	2191	1826

(6) **Following Up.**—The names of children who are found to need medical attention at the Inspections are handed to the School Nurses, who visit the cases to give advice and to see that treatment is obtained. Occasionally they have met parents who do not realise the importance of seeking medical advice for their children; in these cases my procedure has been to seek the co-operation of the Inspector for the Prevention of Cruelty to Children, to whom my thanks are due for his ready assistance.

During the year 37 cases were referred by the School Attendance Officers or myself to him for the undermentioned reasons:—

Children with defective vision or cases in which parents refused to obtain spectacles	28
Cases of neglect	4
Children with Ear trouble, Malnutrition, Adenoids, Poisoned Finger, and Specific Disease (one each)	5
TOTAL ...	37

During the year the School Nurses paid 1473 visits to these Medical Advice cases.

(7) **Arrangements for Treatment.**—Minor Ailments are treated at Churchman House each morning. Children whom the Medical Inspectors think need treatment for defective vision have been seen by the Ophthalmic Surgeon on three mornings each week, with occasional extra sessions.

Owing to the small number of cases of Ringworm of the Scalp no special clinics are now held for this disease, and these cases are seen at the Clinic for special children held on Saturday mornings. The operative treatment of tonsils and adenoids in children is carried out at the Norfolk and Norwich and Jenny Lind Hospitals, where the children can stay for 24 hours, or longer if necessary. Dental Clinics are conducted daily at Churchman House.

Children with discharging ears, who attend schools within a limited area, have been treated at school daily (Saturdays and Sundays excepted) by one of the School Nurses, after examination at the Ear Clinic by, and under the supervision of, the Ear Specialists. A record of the work done is shown on pages 144-147. The Ear Specialists are on the Honorary Staff of the Norfolk and Norwich and Jenny Lind Hospitals, and are also appointed to the Isolation Hospital, so that close co-operation in this respect is possible.

Suitable cases of crippling defects are sent to Hospital or Residential Cripple Schools; parents are asked to contribute according to their financial circumstances.

The Medical Inspectors on re-visiting the Schools are specially directed to have children, who previously have been referred for treatment, brought forward for re-inspection so that the results of treatment can be observed and recorded.

The Invalid Children's Aid Association did valuable work in connection with the provision of treatment for children suffering from Crippling Defects, Anæmia, Delibity, etc. In cases where surgical boots, etc., are necessary for Crippling Defects the Secretary arranges for measurements to be taken and estimates obtained. The cases are referred to the Education (Sub) School Attendance and Physical Care Committee, who decide whether or not the parents should contribute. In the event of the parents being asked to contribute the Secretary for the Association collects the contributions, which are handed over to the Education Committee. The Secretary also takes an active part in the making of arrangements for the admission of children to hospital. During the year 51 cases of providing children of school age (48 Elementary and 3 Secondary) with surgical boots and appliances for Talipes, Infantile Paralysis, Club Feet, Flat Feet and Spinal Curvature were dealt with through the Association. 376 (373 Elementary and 3 Secondary) cases of school age were provided with Malt & Oil, Virol, &c., either free or at part or cost price. Arrangements were made for 121 children of school age (119 Elementary and 2 Secondary) to be admitted to convalescent homes for Anæmia, Debility, etc., and for 27 Elementary School children to stay in the country. A contribution of £25 per annum is made by the Education Authority to the Association.

The following are the results obtained by the end of 1935 :—

Defect or Disease	Referred for Treatment during 1935 and Treated	Cured	Referred for Treatment previously but treated during 1935	Cured	Total Defects Treated	Total Defects Cured
Minor Injuries, Septic Sores, etc.	1309	1259	16	12	1325	1271
Tonsils and Adenoids ...	181	181	114	114	295	295
Other Diseases of the Nose and Throat ...	782	708	34	19	816	727
Tuberculosis :—						
Pulmonary—Definite	2	—	11	—	13	—
Suspected	—	—	—	—	—	—
Non-Pulmonary ...	32	—	39	—	71	—
Skin Diseases ...	920	797	88	46	1008	843
External Eye Diseases...	456	362	65	31	521	393
Vision and Squint ...	876	436 (Glasses prescribed)	82	37 (Glasses prescribed)	958	473 (Glasses prescribed)
Ear Disease and Hearing	330	196	106	44	436	240
Crippling Defects, Deformities, etc. ...	195	11	161	32	356	43
Malnutrition	932	25	429	45	1361	70
Enlarged Cervical Glands (Non-Tuberculous) ...	170	129	42	19	212	148
Defective Speech ...	10	1	23	—	33	1
Bronchitis	140	43	118	25	258	68
Other Non-Tuberculous Diseases of the Lungs	74	40	37	8	111	48
Heart and Circulatory Diseases	283	39	224	46	507	85
Diseases of the Nervous System	165	21	183	40	348	61
Other Defects & Diseases	1672	1047	701	194	2373	1241

It was known that 7 children were operated on for Mastoid Diseases and 3 for Squint.

RINGWORM.

NO. OF CASES TREATED.

	Local Authority.	Otherwise.	Total.
Ringworm—Scalp	18	—	18*
,, Body	14	2	16†

*Includes 11 cases continuing treatment from previous year.
†Includes 14 cases seen at the School Clinic.

5 new cases (2 girls and 3 boys) of Ringworm of the Scalp were referred for treatment. 2, or 40%, were of the age of 6 years or under. To this number must be added 2 children attending the Clinic in 1934, being then below school age but reaching school age in 1935, while still attending the Clinic. 13 cases of Ringworm of the Scalp were declared cured, 5 by ointment and 8 by X-ray treatment. One family with 2 school cases (and 2 under school age referred to below) left the City while under treatment.

In addition to, and not included in the above figures, 6 cases under the age of 5 years were treated, of whom 2 (1 boy and 1 girl) were new cases. 1 of these children was cured, and 2 left the City. The total number of cases of Ringworm of the Scalp at the end of the year was 3, excluding 3 cases under the age of 5 years, and who have never attended school.

For each of the years 1926 to 1935, inclusive, the number of new cases of Ringworm of the Scalp in boys exceeded that in girls, the total number of new cases for the period being:—Boys, 393; Girls, 257. These numbers do not include those children who attained the age of 5 years during the respective years whilst under treatment, as the sexes have not been recorded separately.

From the following comparative figures for recent years it will be seen that the number of children suffering from this disease has been greatly reduced.

Year		No. of New Cases	No. of Cases from previous Year	Total Treated in Year	Cases declared Cured		
					By X-rays	By other Methods	Total Cured
1923	...	200	153	353	4	209	213
1924	...	176	140	316	2	189	191
1925	...	149	125	274	2	141	143
1926	...	197	131	328	7	130	137
1927	...	171	191	362	54	90	144
1928	...	88	218	306	99	111	210
1929	...	45‡	85†	133	53	47	100
1930	...	47*	34†	81	44	11	55
1931	...	37*	23	60	24	6	30
1932	...	32*	28	60	26	11	37
1933	...	18*	22	40	19	14	33
1934	...	26*	7	33	15	7	22
1935	...	7*	11	18	8	5	13

*Includes the children who attained the age of 5 years.
†Includes one return case.
‡Three further cases left the City in 1928 and returned in 1929.

Some schools were specially visited following cases of Ringworm. All Ringworm contacts in the same family have been examined throughout the year. In one case Ringworm was found to be present, the parents being unaware of its presence, while in another case, despite the presence of spores microscopically, the private doctor would not agree that the case was Ringworm.

Dr. Levack, D.M.R.E., attended at Churchman House as occasion demanded and treated during the year 5 school children, one of the School Nurses assisting him.

There are, and have been for years, certain cases of Ringworm of the Scalp in children of varying ages in the Pubic Assistance Infirmary. Of these the cases which have been referred to the Ringworm Clinic for treatment have been included in the above figures, but some have not been so referred. At the end of the year there were two cases under school age in this Institution who are not included in the figures given above.

SCHOOL CLINIC.

The following is a summary of the defects treated :—

Disease.	No. of Children Treated.	Cured.
Ringworm of the Body	14	14
Scabies	27	23
Impetigo	225	217
Other Skin Diseases	587	508
Minor Eye Defects (Conjunctivitis, Blepharitis, Styes, etc.)	438	362
Ear Defects (Wax, Otorrhœa, Boils, etc.)	71	67
Enlarged Glands	63	60
Defects of Nose and Throat	122	122
Miscellaneous (Minor Injuries, Bruises, Sores, Chilblains, etc.)	1281	1233
Other Defects and Diseases	46	43

TREATMENT OF DISCHARGING EARS.

The arrangements which commenced at the end of 1932 for the treatment of discharging ears in children have continued throughout the year. Mr. N. S. Carruthers, F.R.C.S. (Ed.), or Mr. R. A. Highmoor, F.R.C.S. (Ed.), Ear, Nose and Throat Specialists, have examined the children at the office of the Public Health Department. The routine treatment of the school children, consisting of thorough syringing of the ear with sterile water or lotion, drying with the aid of the auroscope, followed by the use of spirit drops, has been carried out in the schools daily by the School Nurse (Saturdays and Sundays and occasions when the Clinic has been held excepted). Other forms of treatment have been carried out on the instructions of the Ear Specialist. Whilst under treatment by the Nurse, the children have been seen by the specialist approximately every six weeks. Arrangements for keeping the children under periodical revision after discharge from the clinic are made.

Only children with discharging ears attending certain schools have been dealt with, but children under 5 years of age, not attending any school, have been examined irrespective of their place of residence, and the treatment carried out by the Cavell Nurses. Children attending schools near the Jenny Lind Hospital can, and do, attend there daily for the same treatment.

The cases which have been examined have come to our notice through various agencies, viz., the School Medical Staff, Head Teachers, Infant Welfare Centres and Public Assistance District Medical Officers' lists.

93 new cases of discharging ears in Elementary School children were examined by the Ear, Nose and Throat Specialist during the year, including 21 cases who had been declared normal previous to 1935 but discharge had recurred. 2 Secondary School cases were also seen by the specialist.

63 cases of Elementary School children suffering from discharging ears who came to our notice previously to 1935 were also examined. In addition, 1 Secondary School case was also examined.

121 other cases were seen by the specialist, but they had not received treatment during the year and did not need treatment.

The following tables show the recommendations made by the specialist and the results obtained at the end of the year:—

NEW CASES.

Recommendation.	No.	No. treated.	Fit.
Treatment by Ear Nurse ...	71*	69	21
,, ,, Cavell Nurse ...	1	1	—
,, at Jenny Lind Hospital	2	2	—
,, by Politzerization ...	1	1	—
,, ,, Diastolisation ...	1	1	1
,, ,, Mastoid Operation	1	—	—
,, ,, Tonsils & Adenoids Operation ...	5	3	3
,, ,, Parents at home ...	1	1	1
No treatment	12	—	—
TOTALS ...	95	78	26

*Other treatment recommended in addition to treatment by the Ear Nurse was as follows:—

Tonsils and Adenoids Operations ...	5 (1 Fit)
Tonsils and Mastoid Operation ...	1 (1 Fit)
Tonsils and Polypus Operation ...	1 (1 Fit)
Polypus Operations	2 (1 Fit)
Mastoid Operation	1 (1 Fit)
Antrum Operation	1
Dental Treatment	1 (1 Fit)

Of the cases seen above, 3 also had earache, 1 deafness, 1 dermatitis and 4 impetigo.

CASES RECORDED PREVIOUS TO 1935.

Recommendation.	No.	No. treated.	Fit.
Treatment by Ear Nurse ...	54*	54	17
,, at Jenny Lind Hospital	2	2	—
,, by Tonsils & Adenoids Operation ...	1	1	1
,, ,, Mastoid Operation	2	1	1
,, ,, Parents at home ...	2	2	—
,, ,, Ionization ...	1	1	—
No treatment	2	—	—
TOTALS ...	64	61	19

*Other treatment recommended in addition to treatment by the Ear Nurse was as follows:—

Tonsils and Adenoids Operations ...	8 (7 Fit)
Ionization	6 (5 Fit)
Treatment *re* Sinus	1 (1 Fit)

Children with Earache. 9 children were examined for earache and were recommended treatment as follows :—

Tonsils and Adenoids Operation ...	1	(1 Fit)
Antrum Operation	1	(1 Fit)
Incision	1	
Dental treatment	1	(1 Fit)
Removal of Wax	2	(1 Fit)
No treatment	3	
TOTAL ...	9	

Children with Deafness. Two children were examined for Deafness, and both were recommended operations for Tonsils and Adenoids.

Children under 5 *years of age.* 15 new cases (including 2 previously reported normal) were examined by the specialist. 1 case needed no treatment. 13 were referred to the Cavell Nurses for treatment (12 treated), 8 of which had no discharge at the end of the year. 1 case was treated by the parents at home, and was reported at the end of the year as "normal." 1 case treated by the Cavell Nurses was also referred to the Jenny Lind Hospital for other treatment.

34 cases which came to our notice previous to 1935 were seen by the specialist, 26 of which were just routine re-examinations, and were all reported "normal." Of the other 8 children, 6 cases were referred to the Cavell Nurses, 4 of which had no discharge at the end of the year, and 2 were recommended tonsils and adenoids operations at a later date.

DENTAL INSPECTION AND TREATMENT.

A third Dental Officer was appointed, and commenced duties at the end of March, with the result that the whole of the children attending the Elementary Schools were inspected in one year.

In addition to the routine Dental Treatment of School Children, the School Dental Officer reports that it was found possible to treat 80 orthodontic cases (irregularities of the teeth), the majority of the cases very successfully. He points out that the result of these cases depends largely upon the co-operation of the child and parent, *i.e.*, regular attendance of the patient and constant wearing of the dental appliance.

Further efforts have been made to cut down the number of "Casuals" during the year. Children who are found to have dental defects at the inspections carried out in the schools are given a dental letter which specifies the nature of the treatment recommended by the School Dental Officer, and asks for the parents' consent to such treatment being carried out. The letter must be signed by the parent before an appointment is given.

The tables on pages 150-151 show the work done in the Dental Clinic.

Elementary Schools.—As in the case of medical inspection, every effort is made to notify Head Teachers one week beforehand of the proposed dental inspection. The Clerk Attendant accompanies the Dentist and appointments are made for those children requiring treatment. The School Dentist devoted 146 half days to the inspection of children in the schools and examined 16,685 scholars—an average of 114.3 per session. 12,929, or 77.5 per cent., were found to need treatment (in 1934, 74.4 per cent. were referred); 4941, or 38.2 per cent. of these attended at the School Dental Clinic for treatment (in 1934, 41.9 per cent. attended).

2608 children were sent to the Dental Clinic by the Medical Officers, Head Teachers, School Nurses, etc., for examination. In the opinion of the Dental Officers 2309 of these needed treatment and received it—the total number of Elementary scholars treated during the year being 7250. These made 11,449 attendances.

15,790 teeth were extracted, and 3311 rendered artificially sound. 5844 general anæsthetics for extractions were administered.

Secondary Schools.—Scholars attending these schools have not been submitted to inspection by the School Dental Officers. The Medical Inspectors have given the teeth the necessary attention and referred for treatment at the routine medical inspection 211 children, or 18.2 per cent. of the number examined.

During the year 203 scholars availed themselves of the facilities afforded at the School Dental Clinic, and paid 622 visits. 330 teeth were extracted and 353 teeth were rendered artificially sound. 121 general anæsthetics for extractions were administered.

WORK DONE IN THE DENTAL CLINIC DURING:—

	1935	1934	1933	1932	1931	1930	1929	1928	1927
School Children.									
(Elementary & Secondary)—									
No. Examined at School	16685	6296	5978	4808	4741	5361	5275	5582	7465
No. Treated, including "specials"	7453	5179	5388	5717	6130	6422	5171	5191	6286
Total number of attendances at the Clinic ...	12071	9720	9563	9562	9875	9604	8168	8225	8984
No. of Teeth Filled ...	3664	2202	1492	1671	1270	1723	1601	942	858
No. of Teeth Extracted	16120	9458	11267	11605	11584	10389	7866	7380	6797
No. of Administrations of General Anæsthetics ...	5965	4352	4642	4098	3874	3295	2394	2221	1988
No. of Other Operations	1734*	816	799	760	1640	2929	3507	3289	3980
Maternity and Child Welfare.									
Mothers.									
No. Treated	247	233	219	245	289	236	191	164	68
Total number of Attendances at the Clinic ...	960	1142	1108	1267	1331	959	884	605	—
No. of Teeth Extracted...	1830	1249	1460	1439	1527	886	1191	1318	—
No. of Teeth Filled and Other Operations ...	426	520	427	238	44	28	34	23	—
No. provided with Artificial Dentures ...	105	104	101	104	108	84	71	66	22
No. of Administrations of General Anæsthetics ...	454	469	482	412	375	223	191	218	—

Children under 5 years of age who attend no School.									
No. Treated	270	288	253	203	186	132	86	61	27
Total number of Attendances at the Clinic ...	305	325	312	385	353	230	157	74	—
No. of Teeth Extracted...	719	577	605	516	507	312	218	170	—
No. of Other Operations	10	16	2	12	4	11	83	6	—
No. of Administrations of General Anæsthetics ...	271	297	288	240	206	140	73	49	—
Tuberculosis.									
No. of Patients Treated	32	33	21	26	35	41	11	12	6
†Total number of Attendances at the Clinic ...	170	150	64	87	135	123	93	28	—
No. of Teeth Extracted...	149	155	106	69	131	104	54	20	—
No. of Other Operations	93	71	17	14	9	22	10	8	—
No. of Patients provided with Artificial Dentures	18	12	4	7	5	9	5	4	—
No. of Administrations of General Anæsthetics ...	1	4	8	7	16	13	10	4	—

*Includes 80 Orthodontic cases.

†Includes attendances on patients by visits of the Dental Officers to Institutions.

8 blind persons made 52 attendances, had 72 extractions, 5 general anæsthetics and 27 other operations. 3 received dentures.

3 children under the care of the Mental Treatment Committee had 8 teeth extracted under general anæsthetics.

UNCLEANLINESS.

The School Nurses visit the schools periodically for the purpose of examining children for uncleanliness.

In February, Section 73 of the Norwich Corporation Act, 1933, was put into force. This Section deals with uncleanliness in school children. The School Nurses report any children they find whose persons or clothing are in a verminous or filthy condition, to the office; the children are immediately excluded from attending school and a Statutory Notice is sent to the parents giving them 24 hours in which to cleanse them. The standard adopted is that if a single nit or louse is seen the child is excluded and a statutory notice sent. No child is re-admitted to school without a medical certificate of cleanliness. Similar action is taken in any case found by a doctor during medical inspection, or at the Clinic. If a child attends the Clinic before the 24 hours' notice has elapsed, and is still not clean, the parents are offered voluntary cleansing, but if the 24 hours have elapsed the child is compulsorily cleansed. After compulsorily cleansing a child for the first time, the School Nurse visits the parents and gives instructions as to the best methods of effecting cleansing. The Committee have decided to prosecute the parent of any child for whom three statutory notices have been served.

During the year 728 Statutory Notices *re* uncleanliness of persons were sent out, affecting 617 individual children. 304 children were cleansed at home, 35 cleansed in the Cleansing Room attached to the Clinic, at the request of the parents, and 385 compulsorily cleansed. 2 children were under school age and refused to attend for cleanliness certificates, 1 child left Norwich, and 1 child left school.

In addition, 1 notice *re* uncleanliness of clothing was sent out, the case in question being voluntarily cleansed. One father was prosecuted during the year after having been sent 6 Statutory Notices in respect of one of his children.

Head Teachers notify me of the names and addresses of any children they have had to exclude from school for uncleanliness. These cases are visited by the School Nurse and are not re-admitted until certified fit by one of the Medical Officers. With a view to promoting cleanliness in the schools "Sacker Hygienic Combs" have been sold from my Office to parents at cost price or less, and some have been given free in necessitous cases.

During the year the School Nurses made 30,986 examinations of children in the Elementary Schools for uncleanliness. 503 individual children were found unclean.

The School Nurse paid 5 visits to the Girls' Secondary School, and made 1613 examinations for uncleanliness. 5 children were found unclean.

(8) **Infectious Disease.**—On the receipt of a notification of an outbreak of infectious disease in any dwelling, the children of the family are excluded from school, for such periods as are recommended by the Ministry of Health and the Board of Education in their Memorandum on Closure of and Exclusion from School, with the exception of Rubella and Chicken Pox. Re-admission to school in the case of notifiable infectious diseases is only permitted on the presentation of a certificate of fitness. If there arise suspicion that disease is spread in a class, for instance, that class is specially inspected; this procedure proves very

successful, especially in dealing with Diphtheria. Reliance has to be placed to a great extent on Head Teachers to furnish lists of children who are suffering or suspected to be suffering from the non-notifiable infectious diseases, and these Officers, on the whole, do this promptly. If they realize that, in some cases, the schools are the sole source of reasonably reliable information, they will, without doubt, make every effort to assist in this matter. On receipt of these lists, the School Nurse visits and reports on each case and contacts. The Head Teachers and School Nurses are advised to submit doubtful cases for inspection, and the latter watch for ringworm when doing head inspections.

40 cases of Chicken Pox, 48 Diphtheria, 8 Scarlet Fever, 6 Mumps, and 2 Whooping Cough were discovered at the School Clinic, or, in the case of Diphtheria, by the routine swabbing of contacts of school age.

After the activity of the infectious diseases during 1934, 1935 has been, on the whole, a very quiet year. This is shown by the table on pages 156-157.

All the diseases which usually have a heavy incidence diminished, though the diphtheria death rate was rather high. An experimental open air class in an Infants' School, approved in principle by the Committee in 1935, may, in due course, indicate a means of keeping these droplet infections under control in schools.

The table on pages 156-157 is a Summary of Cases of Infectious Diseases presumably spread or developing in Schools and of Contacts of such cases, excluded from School Attendance during the year ended December 31st, 1935, and is of interest as it gives a representation of the amount of school attendance lost through Infectious Disease, and how much could be saved if these could be abolished. Except for the notifiable diseases these figures cannot be regarded as accurate. A column showing the number of cases of non-pulmonary tuberculosis notified in the schools has been added to this table.

Diphtheria, with 113 cases, had a welcome reduction on the 157 of 1934, and only 189 contacts were excluded, as compared with 305 for the previous year. In addition, 36 carriers were excluded. However, unfortunately, 8 cases died, including the case referred to in my 1934 Report as dying on December 31st, 1934, but registered on January 1st, 1935. There was one death at each of the following schools :—Nelson Street Primary (the 1934 death), The Blyth Secondary, Willow Lane Infants', Philadelphia Infants', Thorpe Hamlet Primary, Surrey Road Primary, Angel Road Primary and Philadelphia Primary. Of the 8 children who died, 4 were boys and 4 were girls, and the ages were :—2 at 6 years, 1 at 7 years, 1 at 8 years, 2 at 9 years, 1 at 10 years and 1 at 12 years. The most prominent schools in 1935 were the Willow Lane School and The Blyth Secondary School.

As this increased number of diphtheria deaths was occurring, the Health and Education Committees, in their desire to do the utmost possible to protect the children, decided to urge immunization on parents. A leaflet was circulated throughout the schools, etc., and other measures were adopted to increase the immunization rate. There was a moderate response to this, and, during 1935, 1940 school children were immunized.

Scarlet Fever was very low in 1935 with 87 cases, following the peak in 1934. There were no deaths.

INFECTIOUS DISEASES IN SCHOOLS, 1935.

Schools.	Number on Roll.	Diphtheria.			Scarlet Fever.		Measles.		Rubella (German Measles)		Chicken Pox.		Whooping Cough.		Cerebro-Spinal Fever.		Mumps	Non Pul. Tub.
		Cases.	Carriers	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Contacts.	Cases.	Cases.
Angel Road	804	5	1	11	7	6	—	—	—	—	—	—	1	—	1	—	—	2
Avenue Road... ...	799	2	—	7	20	7	—	—	—	—	6	—	—	—	—	—	1	1
Bull Close	767	3	1	3	2	1	—	—	—	—	6	—	2	—	—	—	—	—
Catton Grove... ...	516	2	—	7	1	—	—	—	—	—	4	—	—	—	—	—	—	3
Cavell	605	5	1	6	2	7	—	—	—	—	70	—	2	—	—	—	—	2
College Practising ...	275	1	—	—	1	2	—	—	—	—	1	—	—	—	—	—	—	1
Colman Road... ...	785	9	1	12	6	10	—	—	—	—	1	—	—	—	—	—	—	1
Crome Central ...	204	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Crook's Place ...	868	1	—	6	3	3	—	—	—	—	32	—	26	1	—	—	1	—
Dowson	973	7	1	14	5	11	1	—	—	—	8	—	—	—	—	—	—	2
George White ...	774	2	1	5	3	8	—	—	—	—	8	—	—	—	—	—	—	1
Heigham Street ...	357	3	—	3	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Horn's Lane	314	3	1	2	2	1	—	—	—	—	4	—	—	—	—	—	—	—
Lakenham	648	—	—	5	1	3	—	—	—	—	1	—	—	—	—	—	—	—
Lakenham St. Mark's ...	731	3	—	4	1	2	—	—	—	—	11	—	1	—	—	—	—	—
Norman	964	9	1	11	2	3	—	—	—	—	—	—	1	—	—	—	—	1
Model	288	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nelson Street... ...	924	3	1	12	4	10	—	—	—	—	20	—	—	—	1	1	—	2
Philadelphia	327	5	1	10	—	—	—	—	—	—	1	—	8	—	—	—	1	—
St. Augustine's ...	883	3	1	10	3	2	—	—	—	—	5	—	1	—	—	1	—	1
St. Giles'	102	—	—	—	—	1	—	—	—	—	7	—	3	1	—	—	—	—
St. Paul's and Old																		

Sprowston	43	1	—	—	1	6	—	—	—	—	—	—	—	—	—	—	1	—
Stuart Central ...	130	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Surrey Road	426	2	—	4	2	1	—	—	—	—	15	—	—	—	—	—	—	1
Thorpe Hamlet ...	1251	6	—	8	4	10	—	—	—	—	5	—	11	—	—	—	1	1
Wellesley	374	1	2	5	6	6	—	—	—	—	12	—	1	1	—	1	2	2
Wensum View ...	737	8	8	8	3	4	—	—	—	—	7	—	—	—	—	1	—	—
Willow Lane	500	13	8	16	7	7	—	—	—	—	7	—	—	—	—	—	1	2
Blyth Secondary ...	583	10	2	8	—	2	—	—	—	—	1	—	—	—	—	—	—	—
City of Norwich ...	614	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Technical School ...	148	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Junior Art School ...	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Colman Rd. Open Air ...	279	5	2	2	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Totals for 1935§ ...	**18232**	**113**	**36**	**189**	**87**	**115**	**1**	—	—	—	**245**	—	**58**	**3**	**2**	**4**	**9**	**23**
,, ,, 1934* ...	18438	157	38	305	338	422	1301	219	6	—	291	—	302	45	—	1	746	—
,, ,, 1933 ...	19655	80	40	150	219	276	65	8	2	—	408	99	145	26	—	—	236	—
,, ,, 1932 ...	19371	142	—	295	155	193	637	145	427	—	208	63	286	43	1	4	6	—
,, ,, 1931 ...	18865	77	—	174	73	97	6	7	57	27	506	108	157	21	4	12	4	—
,, ,, 1930 ...	18521	81	—	133	83	117	2098	383	11	2	268	57	114	18	—	—	413	—
,, ,, 1929 ...	18505	152	—	212	114	139	8	1	1	2	261	97	377	64	—	—	397	—
,, ,, 1928 ...	18469	84	—	112	156	163	5	1	2	—	626	206	21	3	—	—	5	—
,, ,, 1927 ...	18447	26	—	46	170	249	978	147	9	1	269	64	94	12	—	—	148	—

§In addition there were 2 Hæmolytic Streptococci carriers at Dowson School, and 2 cases of Typhoid Fever —1 at Bull Close School and 1 at Dowson School.

*In addition there was 1 case of Enteric Fever at Avenue Road School.

Measles attracts attention by its practically complete absence. Only one case in a school child was heard of, and on investigation it proved to be very doubtful whether that really was a measles case or not. It was probably true that there was not one case. This is the first time on record that this has occurred.

Cerebro-Spinal Fever was notified in 2 school cases and, unfortunately, both died.

Enteric Fever. There were 2 cases of typhoid fever in school children, both of whom recovered. In one case the infection was obtained outside the City, but the source of the other case could not be traced.

The other infectious diseases were very quiet, as shown by the tables. A few cases were brought for prophylactic vaccination against whooping cough.

(9) **Open Air Education.**

(*a*) *Playground Classes.*—In a number of schools, when the weather is suitable, some lessons are given in the playgrounds.

(*b*) *Open Air Classrooms in Public Elementary Schools.*—No provision has been made for open air classrooms, but the Committee have approved the principle of establishing one such class experimentally.

(*c*) *School Journeys and Camps*—Excursions are made at suitable seasons for the purpose of giving instruction in nature study. Each year a number of children are sent to the seaside by "Pearson's Fresh Air Fund." Each child is examined for uncleanliness by one of the Medical Officers before departing.

(10) **Physical Training.**—The School Medical Inspectors give directions only when, for medical reasons, physical training is not desirable, or only some special form.

EXTRACTS FROM THE REPORT OF THE ORGANISER OF PHYSICAL TRAINING.

The 1933 Syllabus of Physical Training has already proved its worth and is much appreciated. In the Norwich Schools a lack of adequate apparatus has retarded the complete application of the syllabus, which demands careful organisation and a thorough understanding of modern methods.

Infant Schools.

Active movement continues to be the keynote of the lessons, which fulfil the need for exercise, but a more purposeful attack is desirable. The game form movements included in the lesson table are designed to obtain definite effects, but these are sometimes sacrificed for freedom of movement.

The rhythmic training, an outstanding feature of the Secondary lesson, has shown remarkable progress.

Primary Schools.

The rhythmic type of exercise has been the main difficulty in the Primary Schools, but teachers see the need for a more continuous type of work and more individual occupation. The group work and free practices require amplification and more definite teaching. It is apparent that this type of work appeals to these age groups.

Senior Schools.

The general keenness in the Senior Schools shows the worth of the time spent in physical education.

Some schools are fast approaching more ideal conditions, viz., sound, vigorous exercise in a minimum of clothing, with good dressing and bathing accommodation.

Suitable clothing is necessary to permit freedom of movement, the cultivation of good hygienic habits, and a clearer view of faulty postural positions. The efforts in some Senior Boys' and Senior Girls' Schools in this respect are to be highly commended.

The provision of suitable shoes as part of the Schools equipment has been a great step in this direction.

Teachers' Courses.

Physical Training—Men	20	attended
Physical Training—Women	16	,,
Folk Dancing	32	,,
Greek Dancing—Elementary	29	,,
Greek Dancing—Advanced	21	,,
Swimming	32	,,

The attendance at the above teachers' classes, in spite of the fee demanded, has been consistent, and those taking part are to be commended for their enthusiasm.

Organised Games.

The need for further Playing Areas is still urgent. The present Playing Fields and Parks are taxed to their utmost to provide bare facilities for a game for the Senior Schools.

The allotting of marked areas for National Team Games limits coaching schemes, and there is a definite lack of coaching practices. Further use should be made of minor team games as an approach to the national games. During the year accommodation has been provided for 6 additional Primary Schools, a total of 15 now using playing areas, but some are still without.

Swimming.

Instruction extended over 14 weeks, in which 3895 children attended the baths, an increase of 1554 on last year's total.

Further extension of the scheme to include all children over the age of ten is desirable.

The following tables summarise the results for the past four years :—

Year.		No. of Children attending Baths. Boys.	Girls.	No. of Attendances.	Average Weekly Attendance.	No. of **Beginners'** Certificates Gained. Boys.	Girls.
1932	...	753	656	18,283	1143	399	266
1933	...	905	731	24,084	1505	516	402
1934	...	1140	1201	29,856	1723	581	528
1935	...	2167	1728	40,896	2840	539	465

In addition, 302 children were able to swim between 5 and 15 yards, making a grand total of 1306 taught to swim this year.

R.L.S.S.		1932.		1933.		1934.		1935.	
Awards.		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Elementary	...	2	—	68	15	110	11	135	43
Intermediate	...	—	—	35	15	70	10	65	40
Bronze	...	—	—	—	—	24	4	22	10
		2	—	103	30	204	25	222	93

Two girls from the Stuart Central School gained the 2nd Class Instructors' Certificate of The Royal Life Saving Society.

Norwich Schools' Athletic Association.

The Association performs a valuable service to the children of the City in providing admirably organised out of school activities. The Annual Inter-School Sports, Swimming Gala and Swimming Tests are outstanding examples.

In conjunction with the former, displays of Physical Training by the Senior Boys', Senior Girls', Infants', and Folk Dancing by the Primary Schools were arranged.

Football.

The most pleasing feature of the 1934-35 season was the improved display of the Norwich Boys team in reaching the Divisional Final of the English Schools' Shield. After a draw at home the team was unlucky to lose to Cambridge, but found consolation in winning the Norfolk Schools Shield.

Cricket.

Good weather facilitated an early start with more practices, and a high standard of play was maintained in the League Matches.

Netball.

Netball continues very strongly, and the general standard of play is very good. Since September the City team has won seven out of eight matches played, with a total of 194 goals against 69.

Hockey.

This section is making steady progress, though more inter-school matches should be played. All hockey playing schools are now affiliated to the A.E.W.H.A., and had the opportunity of seeing the East and West Territorial match in Norwich.

The British Association Visit.

Upon the visit of the British Association to Norwich in September, we were very fortunate in being able to hear Colonel Campbell (Edinburgh University), Mr. Maurice Jacks (Headmaster of Mill Hill School), Miss Drummond (Principal of the Physical Training College, Dunfermline), Mr. E. Major (Warden, Carnegie Physical Training College, Leeds), Mr. S. F. Rous (Secretary, The Football Association), Dr. Lewis Walker (Medical Adviser of the Boy Scouts' Association), Major Gem (Organiser of Physical Education for the London County Council). Several films of work from the 1933 Syllabus were shown, and proved very interesting and instructive to those privileged to see them. The standard of work in these films was very high and should help in the spreading of enthusiasm which is necessary for furthering the cause of Physical Education.

(11) **Provision of Meals.**—The School Medical Officer visits the Dining Centres, advises on questions of diet, selects certain special cases for meals, and generally advises the Sub-Committee responsible for the physical care of the children.

During the year under review 28,487 meals were provided for 273 children attending the Elementary Schools, and 1326 meals for 11 scholars attending the Secondary Schools. In 1934, 24,702 meals were provided for 214 children. Children receiving meals are re-examined approximately every three months.

These figures are a considerable increase on previous years, which fact is associated with the nutritional survey which was conducted during the year.

The Education Committee has found it necessary to establish a central kitchen for the provision of this extra number of meals.

In May the Education Committee commenced to supply Grade "A" milk to the malnourished children in Schools on medical recommendations. This was supplied twice daily, *i.e.*, morning and afternoon, ½ pint on each occasion. During the year 137,969 of these "Milk Meals" were provided for 583 children attending Elementary Schools, and 554 "Milk Meals" were provided for 4 Secondary School children. These figures include those children supplied with milk under the "Milk Experiment" (see pages 178-182). The children are examined approximately every three months.

As a result of this service only a few special cases are now referred to the Public Assistance Department or the Invalid Children's Aid Association.

In a number of the schools children still received milk by arrangements made between the Head Teachers and parents. The Milk Marketing Board's Scheme for the provision of milk for children in school was received with much enthusiasm, the number of children receiving milk increasing considerably.

(12) Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.

(*a*) *Medical and Dental Inspection.* Parents are encouraged to be present at all medical examinations of children, and the dental inspections carried out in the Infants' Schools. On the whole teachers are willing to facilitate the carrying out of the inspections as much as possible, but in a number of schools they are inconvenienced owing to the lack of accommodation. (See page 137.) Notices are sent by them informing the parents of the time and place of the proposed inspections, and pointing out that their attendance at the examination is of great advantage to the Inspector and the child. Children who are sent to the School Dental Clinic by the Medical Officers, Head Teachers, School Nurses, etc., have to obtain the sanction, in writing, of the parents before treatment is carried out.

The following table shows the extent to which parents attended the routine medical inspections at the Elementary Schools :—

Group.		No. of Children examined.	Parents present. 1935.		Percentage of Parents present 1934.
Entrants	...	1902	1814	(95·4%)	93·9%
Intermediates	...	1246	1053	(84·5%)	86·7%
Leavers	...	1596	1020	(63·9%)	63·2%
Other Groups	...	3088	2066	(66·9%)	67·2%

At the Secondary Schools, of the 513 girls examined, parents were present with 300, or 58.5%; with the boys 196, or 30.4%. For the year 1934 these numbers were 60.3% and 34.5% respectively.

(*b*) *Following-up.* The teachers continue to maintain a very kindly supervision over their charges and devote a great deal of trouble to their health and welfare. They constantly direct the attention of the School Nurses to cases in which no treatment has been obtained, and not infrequently they communicate with me directly with reference to individual cases.

(*c*) *Medical and Dental Treatment.* Children suspected to have medical or dental defects are readily sent to the Clinics by the Head Teachers, for examination by the Medical and Dental Officers. School Attendance Officers co-operate with the Health Visitors in obtaining treatment of defects revealed by medical inspection in the schools, when visiting homes, by advice and persuasion addressed to the parents. Cases who, in the opinion of the School Attendance Officers, apparently are needing medical or surgical treatment, and for whom this provision cannot be made by the parents, are sent to the School Medical Officer for special examination with a view to treatment.

The Invalid Children's Aid Association renders invaluable assistance in co-operating with the Authority, particularly with regard to the granting of extra nourishment in cases of debility, etc., in arranging for the supply of surgical boots, etc., to crippled children, and arranging for the admission of suitable cases to convalescent homes.

The Inspectors for the Prevention of Cruelty to Children have also rendered valuable assistance in cases where parents have not been ready to carry out the advice given by the Assistant School Medical Officers. Particulars of the cases dealt with by these Voluntary Associations are given on pages 139 and 140.

There is co-operation between the School Medical Service and the Public Assistance Department and the Unemployment Assistance Board in providing extra nourishment where recommended.

(13) **Blind, Deaf, Defective and Epileptic Children.** These are referred to the School Medical Officer from various sources—The Teaching Staff, School Attendance Officers and School Nurses; occasionally they are found at the school medical inspections. With regard to mentally defective children, only those children who have been examined and are suspected to be mentally defective by the School Inspector are referred to the School Medical Officer for further examination. Educable feeble-minded children are admitted to the Special School—other mentally defective children are referred to the Mental Treatment Committee.

Blind Children are admitted to Certified Schools on attaining the age of five years. On January 1st, 1936, 4 boys and 3 girls were on the register at the East Anglian School. 1 boy, who is blind, crippled, hydrocephalic and epileptic, is attending no school; 1 girl, who is blind and epileptic has been excluded from attending the East Anglian School and is now under the care of the Welfare of Blind Persons' Committee; 1 girl, who is blind and crippled, attends a Private School.

Deaf and Dumb Children are admitted to Certified Schools on attaining the age of seven years. During the year 1 boy was admitted to the East Anglian School, Gorleston. 2 boys left the school for employment in cabinet-making and the shoe trade respectively. 1 boy, who was certified mentally deficient, left and entered Rayner's Residential Deaf School, Penn. 5 boys and 7 girls were at the East Anglian School on January 1st, 1936. All children who attend at this school are examined by the School Medical Officer before they return to it after holidays.

Epileptics are admitted to Certified Schools on attaining the age of seven years. At the end of the year 1 girl was at Lingfield Colony; 1 boy, who was previously at Chalfont Colony, was certified mentally deficient, and admitted to the Colman Road Open Air School (Special Department), and 1 girl was certified by the Residential Superintendent at Lingfield Colony, and handed over to the care of the Mental Treatment Committee.

Mentally Defectives. 32 boys and 13 girls were examined for mental deficiency. 9 boys and 1 girl were recommended for a Special Day School. 6 boys and 3 girls were recommended for a special class for dull or backward children. 2 boys and 2 girls were allowed to continue at ordinary school and are to be re-examined after a period of 6 months. 10 boys and 5 girls (5 boys and 3 girls attending the Special Day

School) were recommended for notification to the Local Authority under the Mental Deficiency Acts. 1 boy was allowed to continue at the Certified Day Open Air School, and 1 boy was recommended for that school. 2 boys and 2 girls were excluded from school for varying periods. 1 boy, who is also deaf and dumb, was recommended to be sent to a special residential school. In addition, 1 girl, who was at the Lingfield Epileptic Colony was recommended by the Resident Medical Officer there for notification to the Local Authority.

(*a*) *Colman Road Open Air School (Special Department*). During the year 11 boys and 2 girls were admitted to, and 8 boys and 6 girls left this school. Of those leaving, 1 girl entered domestic training. 1 boy entered the shoe trade, 1 boy the silk trade, and 1 boy entered employment in the Wood Last Co. 36 boys and 18 girls (including 4 boys and 2 girls recorded under the heading of "Children suffering from multiple defects" on page 187) were on the register on January 1st, 1936. The average attendance was 48.6. The Medical Inspector paid 8 visits to the school.

(*b*) *Residential Special Schools.* At the end of the year 1 boy was at the Residential Special School, Colchester, and 1 boy was at Rayner's Residential Special School for Deaf Children (included in "Multiple Defects" table on page 187).

OPEN AIR SCHOOL.

(*a*) *Mentally Defectives.* These are accommodated at the Open Air School in a Special Department, and are referred to above.

(*b*) *Physically Defectives.* The general arrangements at this school remain the same as reported in previous years. The standard of the milk supplied was Grade A.* During the year 18 cwts. of malt and cod liver oil and 20 gallons of Parrishes' Chemical Food were ordered for the children of this school.

Children for whom the Medical Officers advise a period of stay at the Open Air School are referred to Drs. Riddel and Boston for final recommendation. Before being admitted children have their teeth inspected, and, if deemed necessary, are treated by the School Dental Officer. All children attending this school are examined weekly for uncleanliness. The average attendance for the year was 196.2.

The Clinical Tuberculosis Officer and the Tuberculosis Health Visitor continued to observe the children whose admission to the school had been recommended by the Clinical Tuberculosis Officer, and as Dr. Riddel arranged the admission of all the other children, whether recommended from a physical or mental aspect, he continued to keep these under his supervision. One school nurse keeps all the children under supervision for cleanliness.

At the beginning of the year there were 114 children attending the school under Dr. Riddel's supervision, and during the twelve months 62 were admitted, including 5 re-admissions.

69 children were discharged, of whom 11 were withdrawn by parents, 33 discharged as fit for ordinary schools, and 19 left on attaining the age of 14 years. 1 girl went to an Orthopædic Hospital, 1 boy to a Convalescent Home, 1 boy and 1 girl left the City, 1 girl died following a motor accident, and 1 boy was discharged for irregular attendance.

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*From 22nd February, 1935, to 21st August, 1935, pasteurised milk was supplied, owing to the discovery of living tubercle bacilli in the milk.

The following Table shows the number of children under Dr. Riddel's supervision, who were discharged during the year.

BOYS.

Disease.	Total Discharged.	Cured.	Improved.	No Change.
Malnutrition	17	8	7	2
Debility	16	12	4	—
Paralysis	3	—	1	2
Miscellaneous	2	1	1	—
Defective Vision ...	2	—	—	2
Total ...	40	21	13	6

GIRLS.

Disease.	Total Discharged.	Cured.	Improved.	No Change.
Malnutrition	12	6	4	2
Debility	12	9	2	1
Defective Vision ...	1	—	—	1
Miscellaneous	4	1	2	1
Total ...	29	16	8	5

Children remaining were suffering from the following disabilities :—

Disease.	Boys.	Girls.
Malnutrition	30	29
Debility	10	10
Bronchitis	5	—
Defective Vision	4	6
Paralysis	2	2
Heart Disease	2	2
Scoliosis	1	—
Miscellaneous	2	2
Total ...	56	51

Of the boys who were discharged on attaining the age of 14 years, 4 are employed in the Boot and Shoe Trade; 1 each as an errand boy, van boy, and clerk. 2 are unemployed, and 1 returned to the Open Air School in March, 1936. Of the girls who were similarly discharged, 5 are employed in the Boot and Shoe Trade, 1 in a clothing factory. 2 are unemployed, and 1 returned to the Open Air School in February, 1936.

The health of 5 boys who left school was reported to be good, and in 1 case "fairly good." 1 boy has defective vision, 1 spinal curvature, and 1 other case is reported as being "not too well." 1 boy returned to the Open Air School. In 5 cases the health of the girls is reported to be good; in 1 case "fairly good." 2 girls are attending the Hospital for treatment. 1 girl returned to the Open Air School.

During the year 87 boys and 60 girls came under the supervision of Dr. Boston at this School. 29 boys and 19 girls were admitted. 6 boys and 5 girls left on becoming 14 years of age. 20 boys and 9 girls were certified fit to attend ordinary school. 2 boys and 3 girls left at the parents' request. 1 boy died, and 1 boy and 2 girls left the City.

In Dr. Boston's section the average gain in weight of 41 boys who were in attendance during the whole of the year was 6 lbs., and in 30 girls, 7.2 lbs. 57 boys and 41 girls were attending the school on the 1st January, 1936, under the supervision of Dr. Boston.

The following is a summary of the cases admitted to the school on Dr. Boston's recommendation during the year 1935:—

	Boys.	Girls.
Debility with T.B. History	6	10
Debility with Bronchitis	4	—
Debility (Anæmia, Malnutrition, Rickets, etc.)	6	3
Non-Tuberculous Disease of Lungs ...	2	—
T.B. Glands (Neck)	7	2
T.B. Bones and Joints (healed or arrested)	—	1
Asthma	1	—
Hilar and suspected T.B.	3	3
Total ...	29	19

The following cases were discharged during the year :—

	Boys.	Girls.
Debility with Bronchitis	3	—
T.B. Glands (Neck)	3	2
Debility with T.B. History	7	8
Debility (Anæmia, Malnutrition, etc.) ...	8	6
Non-Tuberculous Disease of Lungs ...	1	1
T.B. Bones and Joints (Healed) ...	4	—
Hilar and suspected T.B.	3	2
T.B. Abdomen	1	—
Total ...	30	19

The following cases remained on the register on 1st January, 1936 :—

	Boys.	Girls.
Debility with T.B. History	16	18
Debility with Recurrent Bronchitis ...	6	1
Debility (Anæmia, Malnutrition, etc.) ...	11	4
Non-Tuberculous Disease of Lungs ...	3	2
T.B. Abdomen	1	1
T.B. Glands (Neck)	9	5
T.B. Bones and Joints (healed or arrested)	5	3
Hilar and Suspected T.B.	4	5
Asthma	2	2
Total ...	57	41

Of the boys who were discharged on attaining the age of 14 years, 3 are employed in the shoe trade, 1 as a shop boy (glass works), 1 in photography, and 1 as a salesman.

Of the girls who were similarly discharged, 3 are employed in the shoe trade, 1 at a clothing factory, and 1 in a chocolate factory.

The health of the above-mentioned children was reported to be good.

Orthopædic Defects.

During the year 3 boys and 4 girls received treatment at Orthopædic Hospitals for the following defects under the Authority's arrangements :—

Boys—Infantile Paralysis 1, Scoliosis 1, Scoliosis and Knock Knees 1.

Girls—Paralysis of Right Leg 1, Birth Palsy 1, Infantile Paralysis 1, Fractured Forearm 1.

The Local Authority has no arrangements with the local Hospitals for the treatment of Orthopædic Defects, but children other than the above received treatment at these institutions. The Committee considered Orthopædic provision and came to certain decisions during the year.

1 girl was sent to St. James' Hospital, Balham, for treatment for a Facial Mole, and another, suffering from Cleft Palate, to the Queen's Hospital, Hackney Road, E.

Those physically defective children who, in consequence of their disability, have to be taught by the Visiting Teacher, have been examined during the year by a Medical Officer. At the end of the year 11 boys and 11 girls were being taught by this Officer.

(14) Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

Suitable cases are referred to the Director of Education or are already under his supervision by attending an appropriate special school until attaining the age of 16 years. The cases are considered by the Higher Education Committee and sent to the most suitable Institution.

2 students were sent to the Norwich Institution for the Blind for training. 3 persons completed their training at the Norwich Institution and were transferred to the workshops at that Institution. At the

end of the year 10 students were receiving training at this Institution, 2 in basketwork, 5 brush making, and 3 machine knitting.

At the end of the year there were no epileptics or cripples under the care of the Higher Education Committee.

(15) **Nursery Schools.** Further consideration has been given to the question of a Nursery School, and a visit was paid by a Medical Officer of the Board of Education. The result is that the Committee has decided to proceed with the establishment of a Nursery School.

(16) Secondary and Junior Technical Schools.

Medical Inspection. There are two Secondary Schools—one each for boys and girls—and a Junior Technical School for boys. At the end of the year 614 and 583 scholars were attending the boys' and girls' schools respectively, and 148 boys were attending the Junior Technical School. 24 boys and girls were also attending the Junior Art School. As far as possible efforts are made to examine these scholars during the first term after their admission to school and in each subsequent year during the period of their attendance after they attain the age of 12 years. The arrangements for carrying out medical inspection are similar to those which obtain in the Elementary Schools. It is not possible with the existing staff of Dental Officers to conduct inspection in these schools, but children who, in the opinion of the Medical Officers, need dental treatment can receive it at the Dental Clinic if the parents desire.

Following-up and Medical Treatment. The arrangements for the following-up of defects in children attending Elementary Schools, also apply to those attending Secondary Schools. The Authority provides treatment for Minor Ailments at its Minor Ailments Clinic, which is held daily at the Offices of the Public Health Department; children with defective vision can also be seen there by the oculist on the allotted days. Those needing operative treatment for tonsils and adenoids can obtain orders for admission to the Jenny Lind and Norfolk and Norwich Hospitals, where they can stay for 24 hours or longer, if necessary.

FINDINGS OF MEDICAL INSPECTION.

Defect or Disease.	Routine Inspections.	"Specials" at School or Clinic.	Total Defects.	Referred for Treatment.
Uncleanliness:				
Head	2	2	4	4
Body	—	—	—	—
Minor Injuries, Septic Sores, etc.	1	28	29	29
Tonsils and Adenoids ...	8	4	12	5
Other Diseases of the Nose and Throat	5	28	33	33
Tuberculosis:				
Pulmonary—Definite ...	—	—	—	—
Suspected ...	—	—	—	—
Non-Pulmonary ...	—	—	—	—
Skin Diseases	26	32	58	57
External Eye Disease ...	11	10	21	19
Vision and Squint	126	66	192	177
Ear Disease and Hearing ...	9	3	12	10
Dental Diseases	211	20	231	230
Crippling Defects, Deformities, etc.	32	7	39	35
Malnutrition	23	—	23	23
Enlarged Cervical Glands (Non-Tuberculous) ...	—	1	1	1
Defective Speech	—	1	1	—
Heart and Circulatory Diseases	13	6	19	11
Bronchitis	4	1	5	3
Other Non-Tuberculous Diseases of the Lungs ...	1	—	1	—
Diseases of the Nervous System	11	3	14	10
Other Defects and Diseases...	35	46	81	59

Medical Treatment.

Defect or Disease	Referred for Treatment during 1935 and Treated	Cured	Referred for Treatment previously to but treated during 1935	Cured	Total Defects Treated	Total Defects Cured
Minor Injuries, Septic Sores, etc.	28	24	1	1	29	25
Tonsils and Adenoids ...	2	2	—	—	2	2
Other Diseases of the Nose and Throat ...	28	28	2	—	30	28
Tuberculosis:—						
Pulmonary—Definite	—	—	—	—	—	—
Non-Pulmonary ...	—	—	2	—	2	—
Skin Diseases ...	42	24	7	3	49	27
External Eye Diseases...	14	4	1	—	15	4
Vision and Squint ...	130	89 (Glasses prescribed)	19	10 (Glasses prescribed)	149	99 (Glasses prescribed)
Ear Disease and Hearing	7	1	6	1	13	2
Dental Diseases ...	181	181	44	44	225	225
Crippling Defects, Deformities, etc. ...	27	—	81	20	108	20
Malnutrition	14	2	17	2	31	4
Enlarged Cervical Glands	1	1	2	—	3	1
Bronchitis	2	2	1	—	3	2
Other Non-Tuberculous Diseases of the Lungs	—	—	—	—	—	—
Defective Speech ...	—	—	—	—	—	—
Heart and Circulatory Diseases	11	2	11	7	22	9
Diseases of the Nervous System	9	1	3	—	12	1
Other Defects & Diseases	37	26	22	6	59	32

(17) **Parents' Payments.** Dental cases and cases of discharging ears in which no payment is made at the Clinic are referred to the School Attendance Officers. The financial circumstances of the parents are ascertained, and payment in accordance with the Committee's scale is demanded. These Officers also deal with cases in which dental mechanical work and operations for the removal of tonsils and adenoids

have been carried out, and for which treatment for orthopædic defects has been given. Charges for the supply of spectacles are also made according to the Committee's scale. The above-mentioned arrangements apply both to Secondary and Elementary scholars.

(18) **Health Education.** The Handbook of suggestions on Health Education is used by the teachers in the schools. Leaflets on the care of the teeth issued by the Dental Board of the United Kingdom are distributed to children when they leave school. During the year the Committee accepted the offer of the Dental Board to send free of charge a dental exhibit, accompanied by a trained demonstrator, to be shown to the older scholars.

(19) **Special Inquiries.**

(*a*) NUTRITIONAL SURVEY.

The 1092 children surveyed during the year were those specially selected by the Head Teachers as apparently requiring some extra nourishment. The following table shows the recommendations made with respect to these cases, and how they were dealt with.

No. examined	1092
No. malnourished	536
No. having treatment already ...	55
No. needing treatment	481
	536

	Recommendation.			
Recommendation.	Carried out.	Refused.	Left School, etc.	Total.
Milk	135	7	2	144
Milk and Oil and Malt, etc. ...	39	2	2	43
Meals	69	41	10	120
Meals and Oil and Malt, etc....	7	1	1	9
Oil and Malt	43	12	—	55
Parrishes' Food	11	—	1	12
Virol	5	—	—	5
Convalescent Home ...	6	8	3	17
Medical Treatment	12	—	—	12
Following up by H.V. ...	7	—	—	7
Colman Road Open Air School	30	8	3	41
Totals ...	364	79	22	465*

*In addition, 16 children who were recommended for admission to Colman Road Open Air School were re-examined, and the recommendations altered to:—milk, 6 cases, and 1 each, meals, convalescent home, oil and malt and Parrishes' Food. In 6 cases the recommendation was cancelled and no further recommendation made.

(*b*) MILK EXPERIMENT.

In 1931 and 1932 an experiment was made to see the effect of a distribution of milk to certain debilitated school children, an approximately similar number of debilitated children being weighed, measured and examined as "Controls." At that time, half-a-pint of Grade "A" milk was supplied daily to the selected children in school, and the experiment was carried out for 3 months in 1931, and for 6 months in 1932, but the children in the second batch were not necessarily the same as those in the first batch. As a result of that experiment there was no conclusive evidence that the issue of milk had any appreciable effect, and the experiment was stopped, though the ordinary voluntary supply of milk by the Head Teachers was carried on. However, this result was so at variance with the results usually reported following the consumption of milk, that the Committee decided to repeat the experiment, and, at the suggestion of the Board of Education, supplied one pint of milk per day, and the selected children have continued the milk for a longer period, approximately 15 months, with the exception of the school holidays. The milk supplied in the ordinary course was Grade "A" milk, but on February 22nd, 1935, pasteurised was substituted for the Grade "A" milk owing to the discovery of living tubercle bacilli in the milk, and this pasteurised milk was continued until August 21st, when the Grade "A" milk was resumed.

The following is Dr. Riddel's report:—

The daily supply of one pint of milk to school children at school, as an experiment, commenced on the 8th October, 1934, and continued up to and ended on the 20th December, 1935. The total number on milk at the beginning of the experiment was 236, being 131 boys and 105 girls, and these children were selected on physical grounds—chiefly anæmia, malnutrition and debility. 143 boys and 144 girls, comparable in age, sex and physical condition, were selected to control the experiment and to ascertain whether those having milk at school made better progress in height, weight and general condition than those not having it, but 51 boys and 54 girls were dropped as controls during the year for the following reasons:—

	Boys.	Girls.
Commenced milk on own accord ...	44	42
Commenced meals	1	1
Admitted to Open Air School ...	4	4
In Hospital, etc.	—	2
Did not attend for re-examination ...	2	5
	51	54

Thus only 92 boys and 90 girls were available as controls for the full period of the experiment. The selection was on purely physical grounds, and the children were widely scattered throughout the City.

Each child, whether having milk or being used as a control, was examined, weighed and measured in October, 1934, and again in November—December, 1935. The milk was delivered at the school and taken by the child twice daily (half-a-pint on each occasion), usually by a straw, which is useful in preventing the child from taking the milk too quickly, with consequent digestive discomfort. In the child's absence from school due to illness the supply was usually stopped.

During the 12 months, 30 children ceased to have milk owing to the reasons given below :—

	Boys.	Girls.
Left the City	2	2
Commenced meals at school ...	1	—
In Hospital	—	1
Admitted to Open Air School ...	1	3
At request of parents	11	8
Died	1	—
	16	14

In addition, 1 boy and 3 girls did not attend for the re-examination, and are omitted from the subsequent table.

The children having milk and who attended both examinations were of the following ages :—

Age.	4	5	6	7	8	9	10	11	12	13	Total.
Boys ...	2	14	17	16	14	15	12	13	11	—	114
Girls ...	5	8	11	4	11	12	15	7	14	1	88
Totals	7	22	28	20	25	27	27	20	25	1	202

The children used as controls were of the following ages :—

Age.	4	5	6	7	8	9	10	11	12	13	Total.
Boys ...	2	7	10	18	18	12	11	11	3	—	92
Girls ...	—	5	9	9	17	13	20	10	7	—	90
Totals	2	12	19	27	35	25	31	21	10	—	182

Results.

The weight is given in kilogrammes and the height in centimetres.

All the 88 girls on milk who attended both examinations gained in weight, the average gain being 4.38 k., the greatest gain of 11.6 k. being made by a girl aged 8 years. They also made an average gain in height of 7.4 cm.

All the 114 boys who attended both examinations gained in weight, the average gain being 3.74 k., the greatest gain of 9.5 k. being made by a boy of 12 years. All gained in height, the average gain in height being 6.8 cm.

Controls.

The 90 girls who attended both examinations made an average gain of 3.71 k. in weight, and 7.1 cm. in height. All gained in both weight and height.

The 92 boys who attended both examinations made an average gain of 3.11 k. in weight, and 6.2 cm. in height. All gained in both weight and height. Some controls had voluntary milk at school for various periods, but not long enough to affect the results.

Summary.

	Weight.	Height.
88 girls on milk made an average gain of	4.38 k.	7.4 cm.
114 boys on milk made an average gain of	3.74 k.	6.8 cm.
90 girls used as controls made an average gain of ...	3.71 k.	7.1 cm.
92 boys used as controls made an average gain of ...	3.11 k.	6.2 cm.

Although no marked general improvement in health or physique was noted in the children having milk, yet many individuals appeared to be decidedly better for it, reflected not only in gain in weight and height, but also in a sense of well-being and freedom from illness. Milk disagreed with some of the children, causing digestive disturbances, while some parents alleged that the morning milk lessened the appetite for dinner, and for that reason requested the supply to be discontinued, while, on the other hand, many parents expressed the view that the children were decidedly better for the milk, which view was shared by many of the teachers.

On the whole the experiment tends to show that the addition of one pint of milk daily to the child's diet is of very material benefit to the child.

(20) **Miscellaneous.**

During the year one teacher was found to have tuberculosis (quiescent). She was transferred to the staff of the Certified Day Open Air School.

ELEMENTARY SCHOOLS.

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	1902
Intermediate (2nd age group) ...	1246
Leavers (3rd ,, ,,) ...	1596
Total ...	4744
Number of other Routine Inspections	3088
Total ...	7832

B.—OTHER INSPECTIONS.

Number of Special Inspections	7823
,, ,, Re-inspections	24271
Total ...	32094

TABLE 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1935.

Defect or Disease.	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment.	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition ...	469	77	829	64
Uncleanliness:				
Head	126	—	602	—
Body	11	—	8	—
SKIN—				
Ringworm:				
Scalp	1	—	6*	1
Body	1	—	14	—
Scabies	5	—	24	2
Impetigo ...	12	—	217	—
Other Diseases (Non-Tuberculous)	90	5	585	4
Minor Injuries, Bruises, etc. ...	9	—	591	—
Septic Sores	22	—	698	1

*This figure includes, for the first time, the cases reaching 5 years of age during the year.

TABLE 2—*continued.*

Defect or Disease.	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment.	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
EYE—				
Blepharitis	36	2	118	19
Conjunctivitis	8	—	168	2
Keratitis	—	—	2	—
Corneal Opacities	3	1	1	—
Corneal Ulcer	—	—	3	—
Defective Vision	328	102	425	21
Squint	54	26	76	6
Other Conditions	8	1	140	5
EAR—				
Defective Hearing	5	3	20	8
Otitis Media	36	5	158	8
Other Ear Diseases	12	3	132	12
NOSE AND THROAT—				
Chronic Tonsillitis only	29	123	74	137
Adenoids	13	16	13	14
Chronic Tonsillitis and Adenoids	55	90	134	23
Other Conditions	60	14	747	33
Enlarged Cervical Glands (Non-Tuberculous)	13	39	164	78
Defective Speech	5	12	15	16
TEETH—				
Dental Diseases	49	2	279	36
HEART AND CIRCULATION—				
Heart Disease:				
Organic	13	13	10	3
Functional	2	19	3	6
Anæmia	71	7	234	9
LUNGS—				
Bronchitis	51	24	111	4
Other Non-Tuberculous Diseases	3	6	71	—

TABLE 2—*continued.*

Defect or Disease. (1)	Routine Inspections. Number of Defects. Requiring Treatment. (2)	Routine Inspections. Number of Defects. Requiring Observation but not Treatment. (3)	Special Inspections. Number of Defects. Requiring Treatment. (4)	Special Inspections. Number of Defects. Requiring Observation but not Treatment. (5)
TUBERCULOSIS—				
Pulmonary:				
Definite ...	—	—	2	—
Suspected ...	—	—	—	—
Non-Pulmonary:				
Glands ...	7	—	19	—
Spine	—	—	—	—
Hip	1	—	1	—
Other Bones and Joints ...	—	—	2	—
Skin	—	—	2	—
Other Forms ...	—	—	—	—
NERVOUS SYSTEM—				
Epilepsy ...	2	2	9	3
Chorea	5	1	32	7
Other Conditions ...	35	18	109	27
DEFORMITIES—				
Rickets	31	4	38	5
Spinal Curvature ...	20	2	18	1
Other Forms ...	55	22	68	13
Other Defects and Diseases	235	123	1591	242

B.—Classification of the NUTRITION OF CHILDREN inspected during the year in the Routine Age Groups.

Age-groups.	No. of Children Inspected.	A. (Excellent.)		B. (Normal.)		C. (Slightly subnormal.)		D. (Bad.)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1902	134	7.0	1511	79.4	251	13.2	6	0.3
Second Age-group	1246	119	9.6	823	66.0	291	23.4	13	1.0
Third Age-group	1596	168	10.5	1099	68.9	312	19.5	17	1.1
Other Routine Inspections ...	3088	518	16.8	2010	65.1	542	17.5	18	0.6
TOTAL ...	7832	939	12.0	5443	69.5	1396	17.8	54	0.7

C.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases) 1588

Group. (1)	Number of Children. Inspected. (2)	 Found to require Treatment. (3)	Percentage of Children found to require Treatment. (4)
CODE GROUPS—			
Entrants	1902	394	20.7
Intermediate (2nd age Group)	1246	319	25.6
Leavers (3rd ,, ,,)	1596	279	17.5
TOTAL (CODE GROUPS) ...	4744	992	20.9
Other Routine Inspections ...	3088	596	19.3

TABLE 3.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
	Children with Multiple Defects.	At the Special Day School for Mentally Defectives	4	2	6
		At no School or Institution	1*	1	2(1*)
		At Certified School for Blind (Gorleston)	1	—	1
		At Private School	—	1	1
		At other Certified Schools	2	—	2
Blind (including partially blind).	*i.* Children who are so blind that they can only be appropriately taught in a School for blind children.	At Certified Schools for the Blind	3	3	6
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	ii. Children who have such power of vision that they can only be appropriately taught in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	—	—	—
		At Public Elementary Schools	—	1	1
		At other Institutions	4	7	11†
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf).	*i.* Children who are so deaf that they can only be appropriately taught in a School for the deaf.	At Certified Schools for the Deaf	5	7	12
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	ii. Children who can only be appropriately taught in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	—	—	—
		At Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

†4 boys and 6 girls at Certified Day Open Air School and 1 girl at a Private School.

TABLE 3—*continued.*

			Boys.	Girls.	Total.
Mentally Defective.	Feebleminded.	At Certified Schools for Mentally Defective Children	33	16	49
		At Public Elementary Schools ...	—	1	1†
		At other Institutions	1	—	1
		At no School or Institution ...	1	—	1
	Notified to the Local Mental Deficiency Authority during the year.	(*i.*) Children incapable of receiving benefit or further benefit from instruction in a Special School:—			
		(*a*) Idiots	2	1	3
		(*b*) Imbeciles ...	2	2	4
		(*c*) Others	4	4	8
		(*ii.*) Children unable to be instructed in a Special School without detriment to the interests of other children:—			
		(*a*) Moral Defectives ...	—	—	—
		(*b*) Others	—	1	1
		Feeble-minded Children notified on leaving a Special School on or before attaining the age of 16 ...	2	2	4

†Child was permitted to attend an Elementary School on the advice of a Medical Officer of the Board of Education.

TABLE 3—*continued.*

			Boys.	Girls.	Total
Mentally Defective —*continued.*		Feeble-minded Children notified under Article 3 of the 1928 Regulations, *i.e.*, "Special Circumstances" cases	—	—	—
		Children who, in addition to being mentally defective, were blind or deaf	—	—	—
Epileptics.	Children suffering from severe epilepsy.	At Certified Special Schools ...	—	1	1
		At Public Elementary Schools ...	1	1	2
		At other Institutions	—	—	—
		At no School or Institution ...	2	1	3
Physically Defective	Children suffering from pulmonary tuberculosis (including pleura and intrathoracic glands).	At Certified Special Schools ...	—	—	—
		At Public Elementary Schools ...	—	—	—
		At other Institutions	—	1	1†
		At no School or Institution ...	—	—	—

†At Bramblewood Sanatorium.

TABLE 3—*continued.*

			Boys.	Girls.	Total.
Physically Defective —*continued.*	Children suffering from non-pulmonary tuberculosis	At Certified Special Schools . .	16	10	26[‡]
		At Public Elementary Schools ...	5	2	7
		At other Institutions	1	1	2
		At no School or Institution ...	4	6	10[*]
	Delicate Children, *i.e.*, all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Special Schools ...	87	73	160[§]
		At Public Elementary Schools ...	124	179	303[‖]
		At other Institutions	—	—	—
		At no School or Institution ...	—	2	2[*]
	Crippled Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools ...	6	3	9[†]
		At Public Elementary Schools ...	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	2	2	4[*]

[‡] Includes 15 boys and 9 girls at the Certified Day Open Air School.
[§] At the Certified Day Open Air School.
[‖] Includes 113 boys and 173 girls suffering from Rheumatic Affections.
[†] Includes 5 boys and 2 girls at the Certified Day Open Air School.

TABLE 3—*continued.*

			Boys	Girls	Total
Physically Defective —*continued.*	Children with heart disease, *i.e.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools ...	2	2	4[§]
		At Public Elementary Schools ...	—	—	—
		At other Institutions	—	1	1[†]
		At no School or Institution ...	4	1	5[*]

[§] 2 boys and 2 girls at the Certified Day Open Air School.

[†] In the Public Assistance Infirmary.

[*] Being taught by the Visiting Teacher.

Table 4.—Return of Defects Treated during the Year ended 31st December, 1935.

Group 1.—Minor Ailments (excluding Uncleanliness, for which see Group 6).

Defect or Disease. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp X-ray Treatment	5	—	5
Ringworm—Scalp Other do.	13	—	13
Ringworm—Body ...	14	2	16
Scabies	26	3	29
Impetigo	226	5	231
Other Skin Diseases ...	566	148	714
Minor Eye Defects ... (External and other, but excluding cases falling in Group 2).	452	69	521
Minor Ear Defects ...	204	199	403
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.) ...	1257	68	1325
Total ...	2763	494	3257

Group 2.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

Defect or Disease. (1)	Number of Defects dealt with. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint). (Operations for Squint are recorded separately in the body of the Report)	950	8	958
Other Defect or Disease of the Eyes (excluding those recorded in Group 1) ...	—	—	—
Total	950	8	958

Total number of children for whom spectacles were prescribed :—

(*a*)	Under the Authority's Scheme ...	470
(*b*)	Otherwise	3

Total number of children who obtained spectacles :—

(*a*)	Under the Authority's Scheme ...	444
(*b*)	Otherwise	12

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme. (2)				Total (3)				(4)	(5)
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv)	(i.)	(ii.)	(iii.)	(iv.)		
6	7	227	4	29	3	23	7	35	10	250	11	805	1111

(i.) Tonsils only; (ii.) Adenoids only; (iii.) Tonsils and Adenoids; (iv.) Other Defects of the Nose and Throat.

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non-Residential treatment at an Orthopædic Clinic. (iii.)	Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non-Residential treatment at an Orthopædic Clinic. (iii.)	
No. of children treated...	7	1	16*	—	2	199†	218

*Having exercises in school.
†Having Out-Patient treatment of various kinds at local Hospitals.

GROUP 5.—DENTAL DEFECTS.

(1) Number of children who were:—

(*a*) Inspected by the Dentists:—

	Aged	4 years	34	Total	16685
	,,	5 ,,	1748		
	,,	6 ,,	1761		
	,,	7 ,,	1714		
	,,	8 ,,	1875		
	,,	9 ,,	1890		
Routine Age Groups	,,	10 ,,	1992		
	,,	11 ,,	1831		
	,,	12 ,,	1763		
	,,	13 ,,	1787		
	,,	14 ,,	280		
	,,	15 ,,	10		
Specials					2608
				GRAND TOTAL	19293

(*b*) Found to require treatment 15238

(*c*) Actually treated 7250

(*d*) Re-treated during the year as the result of periodical examination [included in (*c*)]... 2751

(2) Half-days devoted to {Inspection 146, Treatment 1026} Total 1172

(3) Attendances made by children for treatment ... 11449

(4) Fillings ... {Permanent Teeth 3309, Temporary Teeth 2} Total 3311

(5) Extractions ... {Permanent Teeth 3500, Temporary Teeth 12290} Total 15790

(6) Administrations of general anæsthetics for extractions 5844

(7) Other Operations {Permanent Teeth 1623, Temporary Teeth 7} Total 1630

GROUP 6.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school (department) made during the year by the School Nurses ... 2.4

(2) Total number of examinations of children made in the Schools by School Nurses 30986

(3) Number of individual children found unclean ... 503

(4) Number of children cleansed under arrangements made by the Local Education Authority :—

(*a*) Voluntarily	26
(*b*) Compulsorily	291

(5) Number of cases in which legal proceedings were taken :—

(*a*) Under the Education Act, 1921	Nil.
(*b*) Under School Attendance Bye-laws ...	2
(*c*) Under the Norwich Corporation Act, 1933	1

SECONDARY SCHOOLS.

TABLE 1.—NUMBER OF CHILDREN INSPECTED DURING THE YEAR ENDED 31ST DECEMBER, 1935.

A.—ROUTINE MEDICAL INSPECTION.

Age	10	11	12	13	14	15	16	17	18	19	Grand Total
Boys	2	78	123	118	156	112	41	6	7	2	645
Girls	3	66	78	69	77	103	66	30	14	7	513
Totals	5	144	201	187	233	215	107	36	21	9	1158

B.—OTHER INSPECTIONS.

	Number of Special Inspections.	Number of Re-inspections.
Boys ...	74	517
Girls ...	210	658
Totals ...	284	1175

TABLE 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1935.

Defect or Disease.	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	23	—	—	—
Uncleanliness :				
Head	2	—	2	—
Body	—	—	—	—
SKIN—				
Ringworm :				
Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	1	—
Impetigo	—	—	5	—
Other Diseases (Non-Tuberculous)	25	1	26	—
Septic Sores	1	—	9	—
Minor Injuries, Bruises, etc.	—	—	19	—
EYE—				
Blepharitis	8	—	3	—
Conjunctivitis	—	—	2	—
Keratitis	—	—	1	—
Corneal Opacities	—	—	—	—
Corneal Ulcer	—	—	1	—
Defective Vision	111	10	59	5
Squint	5	—	2	—
Other Conditions	2	1	2	1
EAR—				
Defective Hearing	2	1	—	—
Otitis Media	6	—	1	1
Other Ear Diseases	—	—	1	—
NOSE AND THROAT—				
Chronic Tonsillitis only	—	4	1	2
Adenoids	1	—	—	—
Chronic Tonsillitis and Adenoids	2	1	1	—
Other Conditions	5	—	28	—

TABLE 2—*continued.*

Defect or Disease.	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment.	Requiring Observation but not Treatment.	Requiring Treatment.	Requiring Observation but not Treatment
(1)	(2)	(3)	(4)	(5)
Enlarged Cervical Glands (Non-Tuberculous)	—	—	1	—
Defective Speech ...	—	—	—	1
TEETH—				
Dental Diseases ...	211	—	19	1
HEART & CIRCULATION—				
Heart Disease :				
Organic	—	—	—	—
Functional ...	1	5	—	2
Anæmia	6	1	4	—
LUNGS—				
Bronchitis	2	2	1	—
Other Non-Tuberculous Diseases ...	—	1	—	—
TUBERCULOSIS—				
Pulmonary :				
Definite	—	—	—	—
Suspected ...	—	—	—	—
Non-Pulmonary :				
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms ...	—	—	—	—
NERVOUS SYSTEM—				
Epilepsy	1	—	—	—
Chorea	—	—	1	—
Other Conditions ...	7	3	1	1
DEFORMITIES—				
Rickets	3	—	—	—
Spinal Curvature ...	7	—	1	—
Other Forms ...	19	3	5	1
Other Defects and Diseases	22	13	37	9

B.—Classification of the NUTRITION OF CHILDREN Inspected during the Year.

	No. of Children Inspected.	A. (Excellent.)		B. (Normal.)		C. (Slightly subnormal.)		D. (Bad.)	
		No.	%	No.	%	No.	%	No.	%
Boys ...	645	70	10.9	444	68.8	129	20.0	2	0.3
Girls ...	513	22	4.3	473	92.2	18	3.5	—	—
TOTAL ...	1158	92	7.9	917	79.2	147	12.7	2	0.2

C.—Number of INDIVIDUAL CHILDREN found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases) ... 223

D.—Number of INDIVIDUAL CHILDREN in "C" who received Treatment (excluding Specials, Uncleanliness and Dental Diseases) 180

TABLE 4.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1935.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Group 6).

Defect or Disease. (1)	Number of Defects treated or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm—Scalp	—	—	—
,, Body	—	—	—
Scabies	1	—	1
Impetigo	4	1	5
Other Skin Diseases ...	28	15	43
MINOR EYE DEFECTS			
(External and other, but excluding cases falling in Group 2)	14	1	15
MINOR EAR DEFECTS ...	3	8	11
MISCELLANEOUS— (*e.g.*, Minor injuries, bruises, sores, chilblains, etc.) ...	27	2	29
TOTAL ...	77	27	104

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

Defect or Disease. (1)	Number of Defects dealt with. Under the Authority's Scheme. (2)	Otherwise. (3)	Total (4)
Errors of Refraction (including Squint). (Operations for Squint are recorded separately in the body of the Report)	149	—	149
Other Defect or Disease of the eyes (excluding those recorded in Group 1)	—	—	—
Total ...	149	—	149

Total number of children for whom spectacles were prescribed :—

(*a*)	Under the Authority's Scheme ...	99
(*b*)	Otherwise	—

Total number of children who obtained spectacles :—

(*a*)	Under the Authority's Scheme ...	82
(*b*)	Otherwise	2

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.
NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment. (4)	Total number Treated. (5)
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme. (2)				Total. (3)					
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)		
—	—	2	—	—	—	—	—	—	—	2	—	30	32

(i.) Tonsils only; (ii.) Adenoids only; (iii.) Tonsils and Adenoids; (iv.) Other defects of the Nose and Throat.

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non-Residential treatment at an Orthopædic Clinic. (iii.)	Residential treatment with education. (i.)	Residential treatment without education. (ii.)	Non-Residential treatment at an Orthopædic Clinic. (iii.)	
No. of children treated...	—	—	68*	—	—	18†	85

*Having exercises in school.

†Having Out-Patient treatment of various kinds at local Hospitals.

GROUP 5.—DENTAL DEFECTS.

(1) Number of children who were :—

(*a*) Inspected by the Dentists :—

Routine Age Groups	—
Specials	265
GRAND TOTAL ...	265
(*b*) Found to require treatment	203
(*c*) Actually treated	203

(2) Half-days devoted to Inspection. Nil.
Treatment. None especially. Secondary Scholars are treated with Elementary Scholars.

(3)	Attendances made by children for treatment ...				622
(4)	Fillings ...	Permanent Teeth Temporary Teeth	353 —	Total	353
(5)	Extractions ...	Permanent Teeth Temporary Teeth	261 69	Total	330
(6)	Administrations of general anæsthetics for extractions				121
(7)	Other Operations	Permanent Teeth Temporary Teeth	102 2	Total	104

GROUP 6.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Total number of visits to School (girls) made during the year by the School Nurses	5
(2)	Total number of examinations of children made in the Schools by School Nurses	1613
(3)	Number of individual children found unclean ...	5
(4)	Number of children cleansed under arrangements made by the Local Education Authority ...	Nil.
(5)	Number of cases in which legal proceedings were taken:—	
	(*a*) Under the Education Act, 1921 ...	Nil.
	(*b*) Under School Attendance Bye-laws ...	Nil.

GROUP 7.—TREATMENT OF ALL OTHER DEFECTS.

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Malnutrition	15	16	31
Defective Hearing	—	2	2
Enlarged Cervical Glands (Non-Tuberculous)	1	2	3
Defective Speech	—	—	—
Heart and Circulation ...	2	20	22
Bronchitis	—	3	3
Other Non-Tuberculous Diseases of Lungs	—	—	—
Pulmonary Tuberculosis:—			
Definite	—	—	—
Suspected	—	—	—
Non-Pulmonary Tuberculosis	—	2	2
Nervous System	—	12	12
Other Defects and Diseases ...	11	48	59
TOTAL ...	29	105	134

SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE 4.

(Groups 1, 2, 3, 4, 5, and 7.)

Defect or Disease. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Minor Ailments	77	27	104
Visual Defects	149	—	149
Defects of Nose and Throat ...	26	6	32
Deformities	78	30	108
Dental Defects	203	22	225
Other Defects	29	105	134
TOTAL ...	562	190	752